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# ANNUAL REPORT

1962—1963

DOCUMENTS

SEP 1963

SAN FRANCISCO

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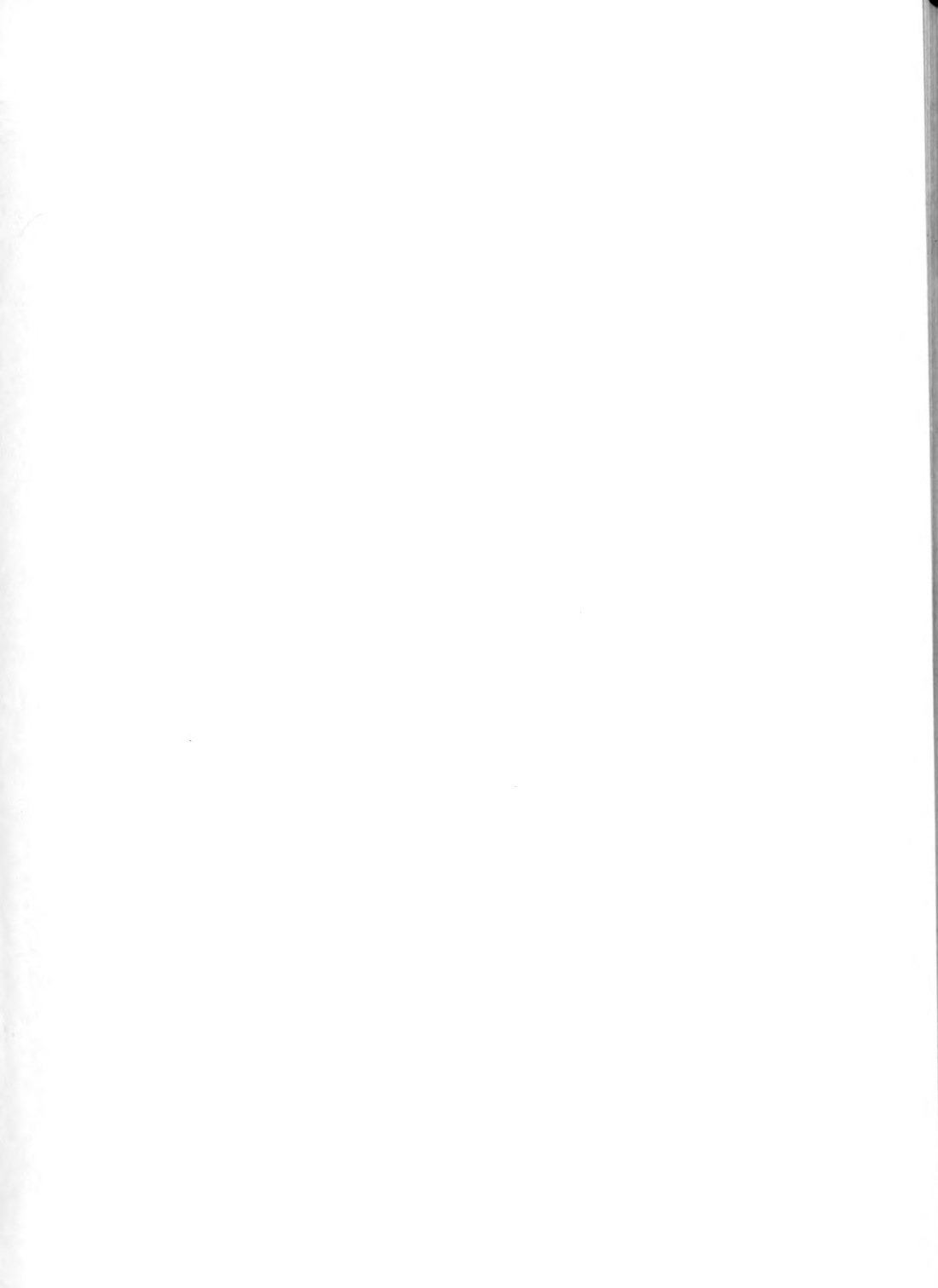
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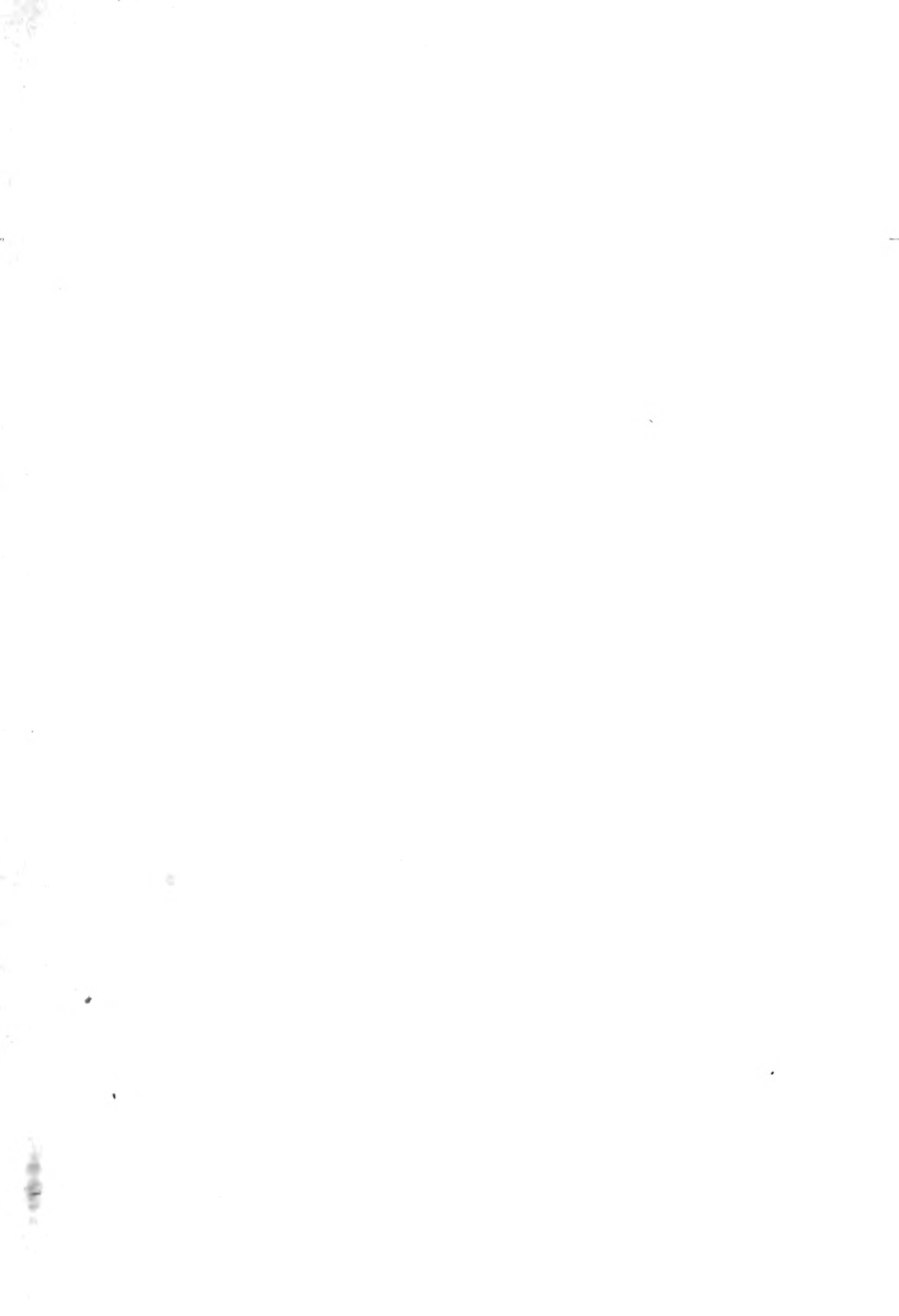
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1962-65





CITY AND COUNTY OF SAN FRANCISCO  
DEPARTMENT OF PUBLIC HEALTH

CENTRAL OFFICE  
101 GROVE STREET  
ZONE 2

September 5, 1963

Through Mr. Sherman P. Duckel  
Chief Administrative Officer

The Honorable George Christopher  
Mayor, City and County of San Francisco

Dear Mayor Christopher:

Pursuant to the provisions of Section 20 of the Charter, the Annual Report of the Department of Public Health of the City and County of San Francisco is submitted herewith.

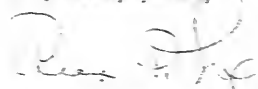
This report describes generally the organization and activities of the Department of Public Health in the three major fields in which we serve the people of San Francisco. These fields are public health and preventive medicine, medical care, and mental health services.

The report reflects the dedicated activities of the more than three thousand employees of the department and of many hundreds of volunteers who give their time and efforts in behalf of the patients the department serves. Notable among these volunteers are the Health Advisory Board, appointed by the Chief Administrative Officer, and the Mental Health Advisory Board, appointed by the Board of Supervisors. Each of these Boards meets monthly throughout the year to consider special problems and programs of the department and assists us immeasurably in advice and assistance offered.

Included for the first time in any detail in an Annual Report is a description of the public health services provided through the District Health Centers, with some discussion of the changes anticipated during the next few years as new district health centers will be built.

We in the administration of the department are mindful of the extra work and efforts put out by many of our employees of all colors and creeds, far beyond what is required of them. It is these employees who make the work of administration and supervision so much easier. It is these employees who give great credit to the department and to the City and County of San Francisco.

Very truly yours,



ELLIS D. SOX, M. D.  
Director of Public Health

Attachment

CITY AND COUNTY OF SAN FRANCISCO  
DEPARTMENT OF PUBLIC HEALTH

September 1, 1911

Dr. J. M. Smith,  
San Francisco, California

Dear Sir: I am writing to you in order  
to inform you of the results of the

following:

The following is a list of the names of the  
members of the Board of Health of the City and County of San Francisco  
for the year 1911.

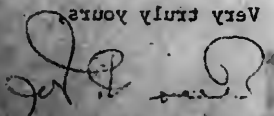
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Very truly yours,



ELLIS D. SOX, M. D.  
Director of Public Health



## C O N T E N T S

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BUREAU OF RECORDS AND STATISTICSBIRTH AND DEATH REGISTRY

During the fiscal year 1962-63, the number of births registered was 19,957; 574 fewer or a 2.8% decrease from the 20,531 registered in the previous fiscal year. Recorded deaths were 10,297 compared to 10,222; an increase of almost 1%; 237 or 20 fewer fetal deaths than in the previous fiscal year were registered.

Revenue for the fiscal year amounted to \$129,248, an increase of \$5,262 or 4.2% over fiscal year 1961-62 and an increase of \$10,512 or 8.9% since fiscal year 1960-61, the first full fiscal year at the new rate of \$2.00 for each certified copy. Fees collected for certified copies of birth certificates declined 2% compared to 1961-62 but were 6% higher than fees collected for births in 1960-61. Fees collected for certified copies of death certificates increased by \$6,130 or 8.5%. Income from removal permits was \$10,568 and for searches was \$67. Again the number of fees waived for certified copies of death certificates increased but during the fiscal year 1962-63 the increase was 32% rather than the 5% increase noted in 1961-62 over 1960-61. The number of fees waived on birth certificates decreased by nearly 1% after the almost 15% decrease in 1961-62 over 1960-61.

<u>REGISTRATIONS</u>	<u>1960-61</u>	<u>1961-62</u>	<u>1962-63</u>	Change 1962-63 to 1961-62	Percent Change
Births	20,990	20,531	19,957	-574	-2.8
Deaths	10,139	10,222	10,297	75	0.7
Fetal Deaths	245	257	237	- 20	-7.8

CERTIFIED COPIES

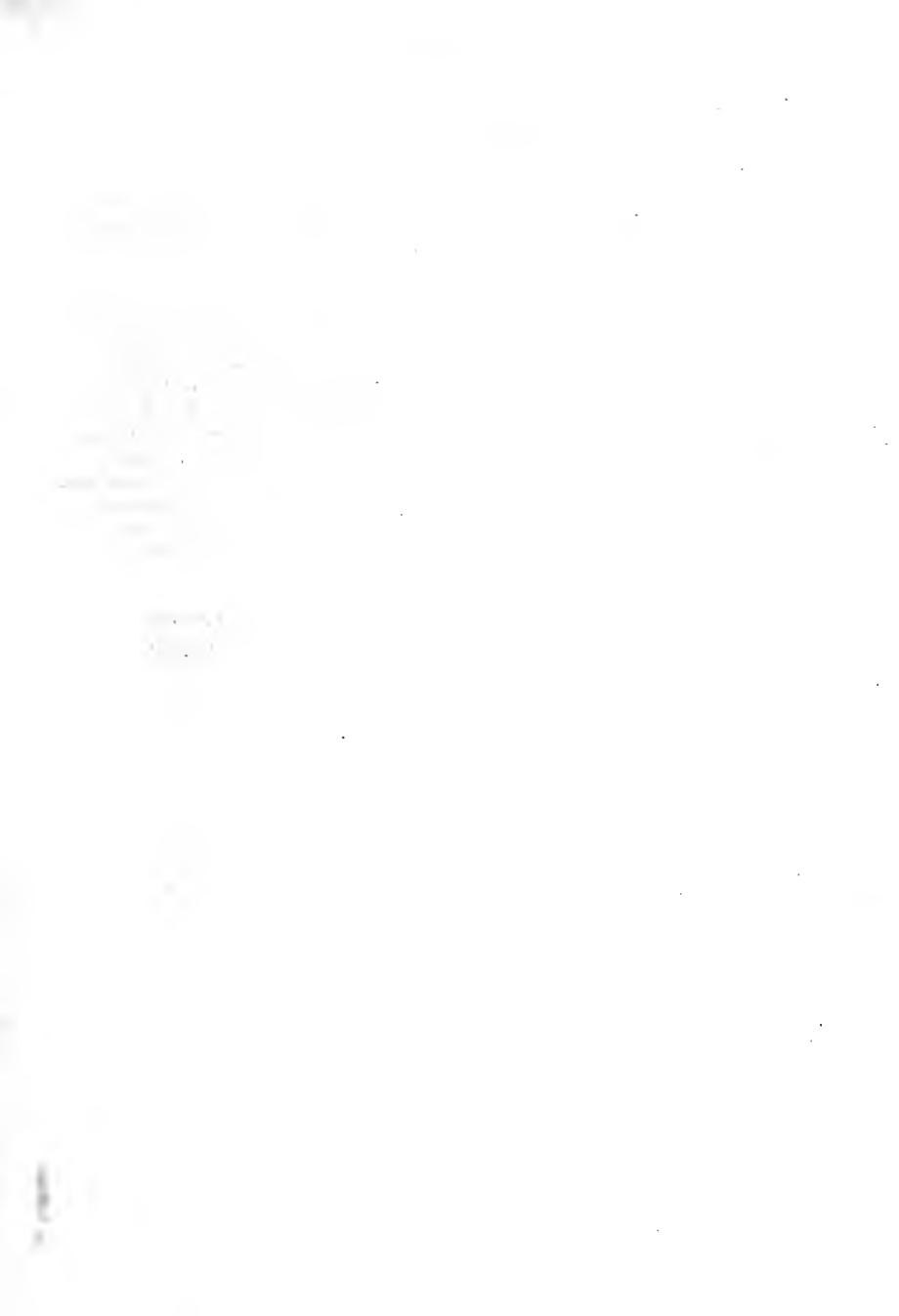
Births	21,562	22,670	22,255	-415	-1.8
Deaths	37,627	38,562	42,356	3,754	9.7

TOTAL FEES COLLECTED

	\$118,736	\$123,986	\$129,248	\$5,262	4.2
Certified copies of births	\$ 37,973	\$ 41,132	\$ 40,248	\$ -884	-2.1
Certified copies of deaths	\$ 70,189	\$ 72,235	\$ 78,365	\$ 6,130	8.5
Removal permits, deaths & fetal deaths	\$10,530	\$ 10,579	\$ 10,568	\$ -11	-0.1
Receipts for Searches	\$ 44	\$ 40	\$ 67	\$ 27	67.5

FEES WAIVED ON CERTIFIED COPIES

Births	2,492	2,122	2,104	-18	-0.8
Deaths	2,446	2,564	3,388	824	32.1



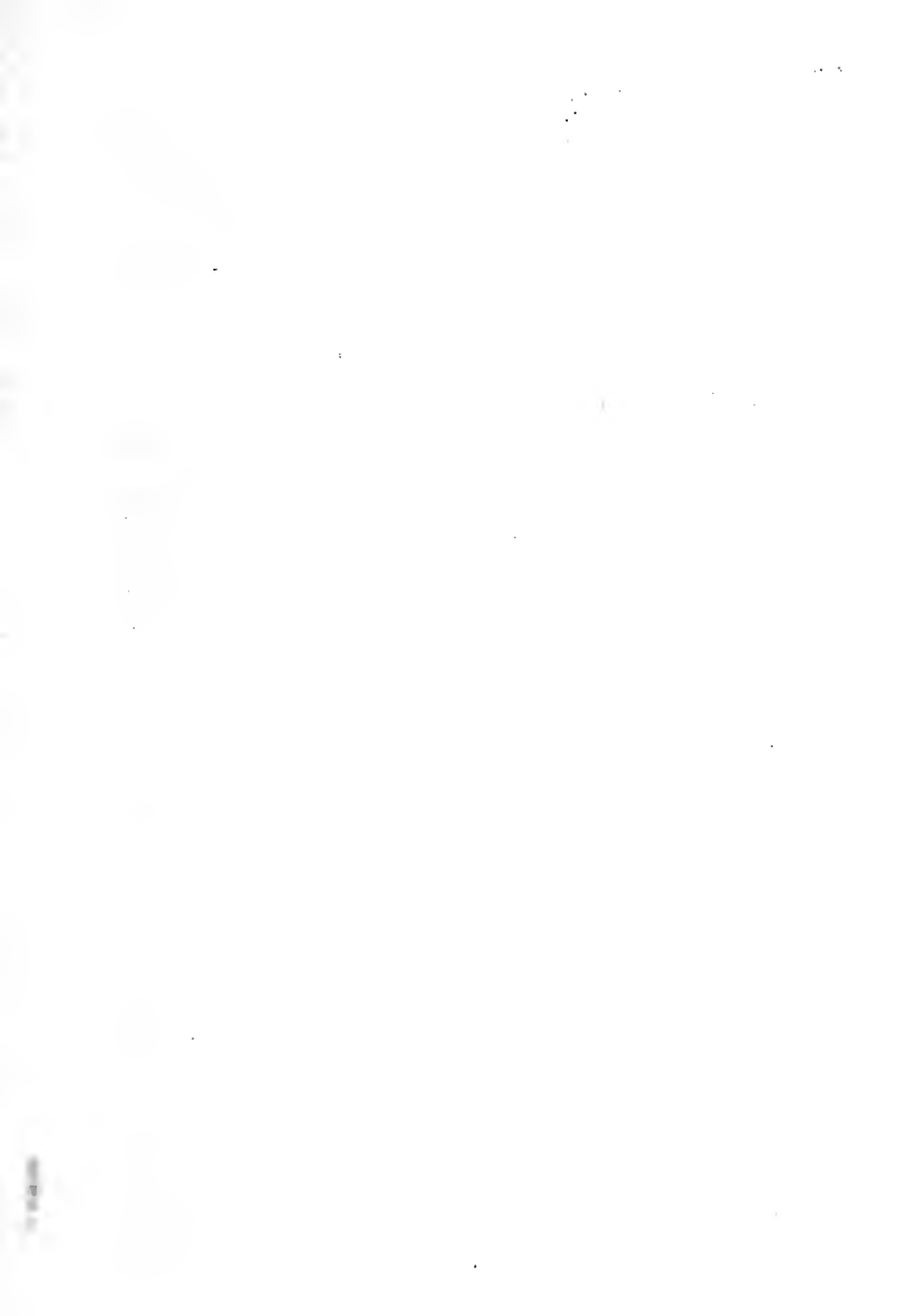
The Annual Report for 1960-61 included 1960 United States Census material for San Francisco in 1950 and 1960, brief items for the United States, California and four other Bay Area counties on total population, percent non-white, broad age groups, population per household, percent married of those 14 years and over. In 1961-62, information from the 1960 Census about the five Bay Area counties included population density, number of households, number and percent in age groups, ethnic groups, and detailed marital status of those 14 years of age and over. Other social characteristics of persons in five Bay Area counties are presented in the following tables.

#### SOCIAL CHARACTERISTICS OF POPULATION

<u>NATIVITY AND PARENTAGE</u>	<u>SAN FRANCISCO</u>	<u>ALAMEDA</u>	<u>CONTRA COSTA</u>	<u>MARIN</u>	<u>SAN MATEO</u>
<u>TOTAL POPULATION</u>	<u>740,316</u>	<u>908,209</u>	<u>409,030</u>	<u>146,820</u>	<u>444,384</u>
Native	597,785	834,585	385,821	135,477	402,880
Native parentage	418,514	669,946	321,384	108,109	311,187
White	334,918	551,586	294,696	103,599	298,243
Non-White	83,596	118,360	26,688	4,510	12,944
Foreign or Mixed					
Parentage	179,271	164,639	64,437	27,368	91,693
White	155,062	153,140	62,677	26,832	88,137
Non-White	24,209	11,499	1,760	536	3,556
Foreign Born	<u>142,531</u>	<u>73,624</u>	<u>23,209</u>	<u>11,343</u>	<u>41,504</u>
White	114,548	64,460	21,793	10,939	38,788
Non-White	27,983	9,164	1,416	404	2,716

#### PERCENT IN EACH GROUP

<u>TOTAL</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
Native	80.7	91.9	94.3	92.3	90.7
Native parentage	56.5	73.8	78.6	73.6	70.0
White	45.2	60.8	72.1	70.6	67.1
Non-White	11.3	13.0	6.5	3.0	2.9
Foreign or Mixed					
Parentage	24.2	18.1	15.7	18.7	20.7
White	20.9	16.8	15.3	18.3	19.9
Non-White	3.3	1.3	0.4	0.4	0.8
Foreign Born	<u>19.3</u>	<u>8.1</u>	<u>5.7</u>	<u>7.7</u>	<u>9.3</u>
White	15.5	7.1	5.3	7.4	8.7
Non-White	3.8	1.0	0.4	0.3	0.6



MEDIAN INCOME

	<u>SAN FRANCISCO</u>	<u>ALAMEDA</u>	<u>CONTRA COSTA</u>	<u>MARIN</u>	<u>SAN MATEO</u>
All Families	\$6,717	\$6,766	\$7,938	N.A.	\$8,263
Nonwhite Families	5,305	5,080	5,069	N.A.	N.A.
 TOTAL	 2,855	 1,962	 2,142	 N.A.	 3,159
Unrelated Individual Male	2,982	2,404	3,197	N.A.	4,284
Unrelated Individual Female	2,713	1,702	1,655	N.A.	2,351

STATE OF BIRTH

<u>TOTAL POPULATION</u>	<u>SAN FRANCISCO</u>	<u>ALAMEDA</u>	<u>CONTRA COSTA</u>	<u>MARIN</u>	<u>SAN MATEO</u>
	740,316	908,209	409,030	146,820	444,384
Total native population	597,785	834,585	385,821	135,477	402,880
Born in State of California	311,788	412,334	201,641	71,818	220,894
Born in different State	243,932	379,897	173,073	58,592	168,854
Born in U.S. outlying area	5,524	5,222	1,676	1,378	2,082
State of birth not reported	36,541	37,132	9,431	3,689	11,050

PERCENT OF NATIVE POPULATION (TOTAL POPULATION IS BASE & 100%)

Total native population	80.7	91.9	94.3	92.3	90.7
Born in State of California	42.1	45.4	49.3	48.9	49.7
Born in different State	33.0	41.8	42.3	39.9	38.0
Born in U.S. outlying area	0.7	0.6	0.4	0.9	0.5
State of birth not reported	4.9	4.1	2.3	4.6	2.5

RESIDENCE IN 1955 of  
PERSONS 5 YEARS OLD & OVER IN 1960

<u>RESIDENCE IN 1955</u>	<u>SAN FRANCISCO</u>	<u>ALAMEDA</u>	<u>CONTRA COSTA</u>	<u>MARIN</u>	<u>SAN MATEO</u>
POPULATION, 5 Yrs. Old & Over, 1960	681,459	811,585	360,317	130,445	393,956
Same House as in 1960	306,460	330,797	154,674	46,056	157,494
Different House in U.S.	325,061	443,554	196,403	76,209	219,999
Same county	212,270	276,190	105,650	27,596	85,494
Different county	112,791	167,364	90,753	48,613	134,505
Same State	52,055	80,314	57,573	30,187	90,414
Different State	60,763	87,050	33,180	18,426	44,091
Abroad	30,253	17,544	4,847	5,063	10,389
Moved, Residence in 1955 not reported	19,685	19,690	4,393	3,117	6,074

PERCENT IN EACH GROUP (Base & 100% is Population 5 Years of Age & Older)

POP., 5 Yrs. Old & Over,	1960	100.0	100.0	100.0	100.0	100.0
Same House as in 1960	45.0	40.8	42.9	35.3	40.0	
Different House in U.S.	47.7	54.6	54.5	58.4	55.9	
Same county	31.2	34.0	29.3	21.2	21.7	
Different county	16.5	20.6	25.2	37.2	34.2	
Same State	7.6	9.9	16.0	23.1	23.0	
Different State	8.9	10.7	9.2	14.1	11.2	
Abroad	4.4	2.2	1.4	3.9	2.6	
Moved, res.in 1955 not reported	2.9	2.4	1.2	2.4	1.5	





NUMBER OF FAMILIES, SUB FAMILIES & UNRELATED INDIVIDUALS

	<u>SAN FRANCISCO</u>	<u>ALAMEDA</u>	<u>CONTRA COSTA</u>	<u>MARIN</u>	<u>SAN MATEO</u>
TOTAL POPULATION	740,316	908,209	409,030	146,820	444,387
<u>ALL FAMILIES</u>	<u>182,027</u>	<u>232,031</u>	<u>104,972</u>	<u>N.A.</u>	<u>117,457</u>
No own children under 18	102,408	105,067	36,182	N.A.	46,215
1 own child under 18	32,164	42,907	20,908	N.A.	23,018
2 own children under 18	24,403	41,853	23,728	N.A.	25,106
3 or more children under 18	23,052	42,204	24,154	N.A.	23,118
Total Own Children under 18	168,693	284,631	157,021	N.A.	156,318
<u>SUB FAMILIES</u>	<u>4,308</u>	<u>5,265</u>	<u>2,058</u>	<u>N.A.</u>	<u>2,026</u>
No own children under 18	1,539	1,583	610	N.A.	723
1 own child under 18	1,584	2,169	865	N.A.	794
2 or more children under 18	1,185	1,513	583	N.A.	509
Total Own Children under 18	4,714	6,115	2,330	N.A.	2,071
<u>ALL UNRELATED INDIVIDUALS</u>	<u>155,925</u>	<u>103,864</u>	<u>18,555</u>	<u>12,793</u>	<u>27,876</u>
Primary individuals	110,572	63,816	12,988	N.A.	18,028
Secondary individuals	45,353	40,048	5,567	N.A.	9,848

PERCENT IN VARIOUS GROUPS

<u>ALL FAMILIES</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
No own children under 18	56.2	45.3	34.5	N.A.	39.3
1 own child under 18	17.7	18.5	19.9	N.A.	19.6
2 own children under 18	13.4	18.0	22.6	N.A.	21.4
3 or more children under 18	12.7	18.2	23.0	N.A.	19.7
<u>SUB FAMILIES</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
No own children under 18	35.7	30.1	29.7	N.A.	35.7
1 own child under 18	36.8	41.2	42.0	N.A.	39.2
2 or more children under 18	27.5	28.7	28.3	N.A.	25.1

AVERAGES AND OTHER FIGURES

Average number own children under 18 in their own family

Total Under 18

All Families	0.9	1.2	1.5	N.A.	1.3
--------------	-----	-----	-----	------	-----

Average number own children under 18 in Sub Families

	1.1	1.2	1.1	N.A.	1.0
--	-----	-----	-----	------	-----

Percent of Unrelated

Individuals	21.1	11.4	4.5	8.7	6.3
-------------	------	------	-----	-----	-----



	1962 Estimated Population	BIRTH RATE			DEATH RATE		
		PER 1,000 POPULATION					
		1962	1961	1960	1962	1961	1960
United States	188,050,000	22.4	23.4	23.6	9.5	9.3	9.5
California	17,094,000	22.1	23.2	23.7	8.2	8.3	8.6
<b>COUNTY</b>							
Alameda	946,700	21.7	22.9	22.9	8.9	9.0	9.3
Contra Costa	448,200	N.A.	22.3	22.8	N.A.	6.1	6.3
Marin	166,700	N.A.	21.8	22.9	N.A.	6.5	7.2
San Francisco	745,000	19.0	19.8	19.9	13.1	13.1	13.3
San Mateo	492,800	20.6	21.8	22.5	6.5	6.5	6.5

After years of high birth rates, the crude rates for both the United States and California are back at 1945 levels. In San Francisco during the calendar year 1962, there were 14,177 resident births with a rate of 19.0 per 1,000 estimated population; the number of births declined by 526 or 3.6% and the birth rate declined 4.0%.

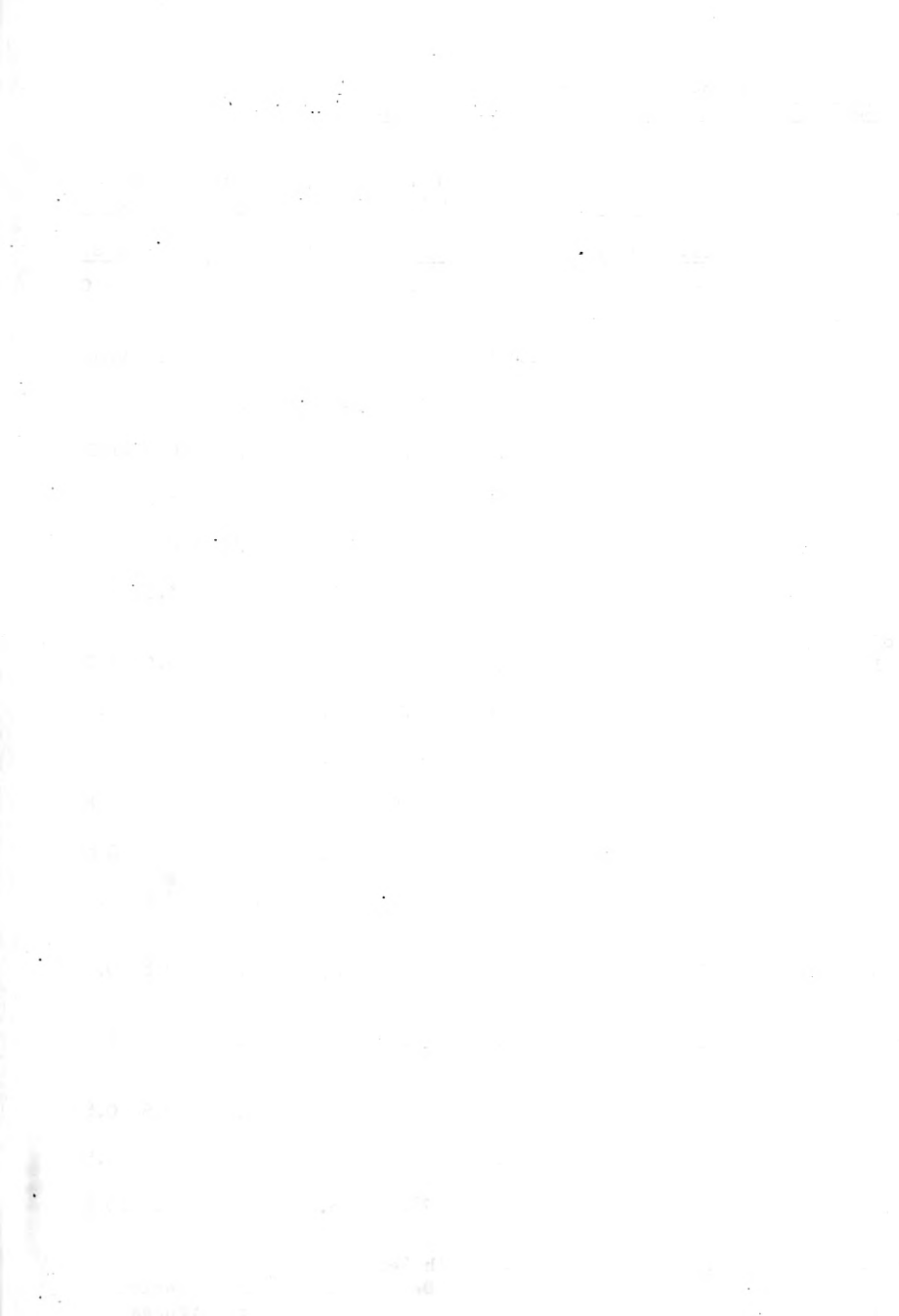
During the calendar year 1962 there were 9,777 resident deaths, an increase of 41 from 1961; the crude death rate was 13.1 per 1,000 estimated population in each year. The first six leading causes of death are the same for the United States and California and have been so for several years. In San Francisco, however, cirrhosis of the liver was the fifth cause in 1962, while "certain diseases of early infancy", fifth cause in the two other jurisdictions was seventh here. Accidents reverted to fourth place in San Francisco in 1962 after their fifth place showing in 1961. Heart disease and cancer caused more than one-half the deaths in each jurisdiction. Respiratory diseases other than tuberculosis are increasing in seriousness as causes of death. Tuberculosis, once the leading cause, is now sixteenth on the San Francisco and California lists while emphysema, formerly infrequently indicated as an underlying cause of death, is in eleventh place in San Francisco, twelfth in the State and thirteenth in the United States.



DEATHS FROM IMPORTANT CAUSES  
SAN FRANCISCO, CALIFORNIA AND UNITED STATES, 1962

CAUSE OF DEATH	RANK			RATE PER 100,000 POPULATION			PERCENT OF TOTAL DEATHS		
	S.F.	Cal.*	U.S.	S.F.	Cal.*	U.S.	S.F.	Cal.*	U.S.
ALL CAUSES	-	-	-	1312.3	833.7	945.9	100.0	100.0	100.0
Heart Diseases	1	1	1	504.8	316.2	368.8	38.5	37.9	39.0
Malignant Neoplasms	2	2	2	232.6	138.0	149.2	17.7	16.6	15.8
Vascular Lesions C.N.S.	3	3	3	125.5	90.3	106.3	9.6	10.8	11.2
Accidents	4	4	4	66.0	50.6	52.3	5.0	6.1	5.5
Cirrhosis of Liver	5	7	9	60.8	18.9	11.5	4.6	2.3	1.2
Influenza & Pneumonia	6	6	6	42.3	25.9	32.8	3.2	3.1	3.5
Certain Diseases of Early Infancy	7	5	5	31.4	33.4	35.3	2.4	4.0	3.7
Suicides	8	9	11	28.6	15.4	10.9	2.2	1.8	1.2
Arteriosclerosis	9	8	7	22.8	16.0	19.8	1.7	1.9	2.1
Diabetes	10	11	8	17.2	9.6	17.0	1.3	1.2	1.8
Emphysema	11	12	13	16.0	7.6**	6.1	1.2	0.9	0.6
Aortic Aneurysms	12	14	16	12.5	6.6**	4.6	0.9	0.8	0.5
Ulcers of Stomach and Duodenum	13	13	12	12.1	7.0	6.4	0.9	0.8	0.7
Congenital Malformations	14	10	10	9.9	12.1	11.3	0.8	1.4	1.2
Hernia, Intestinal Obstruction	15	15	14	8.0	4.4**	5.4	0.6	0.5	0.6
Tuberculosis	16	16	15	7.8	3.7	5.1	0.6	0.4	0.5
All Others	-	-	-	114.0	78.0	103.1	8.8	9.5	10.9

SOURCES: San Francisco: Department of Public Health Records  
 California: Communications from State Department of Public Health  
 \* Provisional 1961 figures \*\* 1960 figures.  
 United States: Monthly Vital Statistics Report, Vol. 12, No. 1,  
 March 20, 1963 provisional figures for 1962.



## PERSONNEL DIVISION

The Personnel Division is responsible for preparing and/or processing documents concerning personnel transactions, and coordinating the procedures required by the City Charter, local ordinance, and the Civil Service Commission in personnel matters. During the fiscal year 1962-63, the Personnel Division issued 868 permanent requisitions, 765 temporary requisitions, and 1664 extensions of temporary employment. This compares with 864 permanent requisitions, 718 temporary requisitions and 1435 extensions of temporary employment in the fiscal year 1961-62.

In December 1962 a salary ordinance amendment reclassified 66 positions in our Department. In March and April 1963 documents were prepared for the reclassification of an additional 194 positions effective July 1, 1963. With these reclassifications, and the reclassifications and retitling accomplished in the previous year, approximately 95% of our positions are now designated with the new classification code numbers and titles.

A major change in the procedure for hiring limited tenure employees was put into effect on July 5, 1962. On this date all limited tenure eligible lists in existence in the Civil Service Commission office were cancelled, although employees appointed from these lists could continue to work for the duration of their employment. From this date all city departments were authorized to conduct their own limited tenure examinations. The departments now have the responsibility for:

1. Recruiting qualified people for limited tenure appointments whenever no eligibles are available from permanent civil service lists;
2. Accepting and evaluating limited tenure application forms, including appraisal of qualifications, arrest records, and residence;
3. Conducting limited tenure examinations, by oral interview and appropriate tests;
4. Preparing limited tenure appointment forms and history cards for successful candidates, and arranging for medical examinations when necessary.

This change in procedure is excellent in theory, since it is a significant move away from overcentralization of the personnel function, and follows good personnel management practice in granting greater authority to department heads to recruit and participate in examinations. In practice, however, it has placed a substantial added workload upon those involved in personnel transactions, and our adjustment to this workload has not yet been satisfactorily resolved.

The distribution of personnel in our major divisions is as follows:

	<u>1962-63</u>	<u>1961-62</u>
San Francisco General Hospital	1461	1457
Laguna Honda Hospital	884	884
Central Office	456	460
Community Mental Health Services	225	226
Hassler Health Home	117	117
Emergency Hospital Service	97	97
	<hr/>	<hr/>
Total	3240	3241





The four classifications listed below are the largest number of employees in our department, and include 41% of our total employees. An analysis of the separations in these jobs in our institutions discloses the following turnover rates:

		<u>1962-63</u>	<u>1961-62</u>
Registered Nurse:	S.F. General Hospital	42.42%	43.41%
	Laguna Honda Hospital	14.15	15.04
	Hassler Health Home	14.29	28.57
Orderly:	S.F. General Hospital	16.42	11.35
	Laguna Honda Hospital	25.32	20.57
	Hassler Health Home	16.00	32.00
Porter:	S.F. General Hospital	11.89	4.97
	Laguna Honda Hospital	68.18	53.52
	Hassler Health Home	46.15	42.11
Kitchen Helper:	S.F. General Hospital	20.27	16.67
	Laguna Honda Hospital	9.59	5.81
	Hassler Health Home	31.58	63.16

Once again, the high level of cooperation of supervisory personnel in our department with the Personnel Division has greatly assisted in preparing and expediting official personnel documents.

The cooperation of the staff of the Civil Service Commission has been of great help to us at all times.



## BUREAU OF DISEASE CONTROL

The Bureau of Disease Control has program responsibility for communicable disease control and adult health. In the areas of venereal disease and tuberculosis control, the Bureau has within it two independently functioning Divisions with a full-time public health physician in charge; their respective reports follow this section. The Bureau staff, exclusive of these Divisions, of four half-time physicians, three clerks, one supervising public health nurse, and Bureau Director, has the operational responsibility for the control of all other communicable diseases with related epidemiologic problems, as well as promoting adult health, i.e. occupational health, accident prevention, chronic disease control and rehabilitation. For ease in presentation, these may be considered to be:

1. Division of General Communicable Disease and Epidemiology
35. Division of Occupational Health and Accident Prevention
3. Division of Rehabilitation and Chronic Disease

It should be stressed that the above divisional activities are carried out by the same staff.

Historically the earliest responsibility of departments of public health was the control of communicable diseases. The State Health and Safety Code requires the local health officers to undertake necessary action for their control. As a result of preventive measures and advances in therapy, communicable diseases proportionately contribute significantly less to the mortality statistics of the community as in the past. They have been replaced by chronic diseases as the principal causes of death in the older age groups, and accidents for those under 35. Our aging population, with their greater degree of chronic illness, needs altered approaches by departments of public health. Similarly, we have become more and more aware of the absence of preventive medical services being offered the working population, who are being exposed to an ever increasing number of conditions potentially capable of causing disease and disability, with consequent loss of income and decreased industrial output.

### ACTIVITY REPORT - 1962

	<u>Units</u>
Reports - Tabulation - Follow-up	10,807
Epidemiologic Consultations, Investigations and Inspections	5,816
Animal Bite Follow-up and Consultation	6,274
Massage and Tattoo Parlor Permit Supervision	289
Immunization Validations	11,173
Mass Immunization Programs	14,269
Special Services (City Prison)	4,531
	<hr/> <hr/>
	53,159

### GENERAL COMMUNICABLE DISEASE AND EPIDEMIOLOGY

The half-time epidemiologist-physician consultants are the medical staff for the control of communicable diseases. They are available to visit in the home of persons suspected of having a communicable disease, give advice about isolation if a diagnosis is made and what need be done as far as contacts. In addition to the home visits, one is on duty at the Health Department each morning to diagnose cases that are referred in; also gives telephone consultations to public health staff, local physicians, as well as concerned parents, diseased persons, etc. These physicians and the remaining staff keep under observation carriers or



contacts of typhoid fever, other enteric diseases, and leprosy, securing appropriate specimens for diagnostic tests when necessary. There are specialized epidemiologic investigations undertaken with a variety of other infectious diseases, i.e. infectious hepatitis, as well as non-communicable diseases such as tetanus, lead poisoning, etc.

The Bureau collects, tabulates and prepares periodic reports of reportable disease notifications sent to it by hospitals, private physicians, and public health clinics. In 1962, 9,776 such reports were handled. The information contained is essential in instituting an epidemiologic investigation of the sources of infection, thereby uncovering other infected persons capable of passing on their infections. This is of particular importance in cases of typhoid fever, tuberculosis, and syphilis. Related to this is a new regulation of the California State Board of Public Health which requires local health department notification by clinical laboratories when examinations of appropriate specimens show evidence of typhoid fever, diphtheria, tuberculosis, syphilis and gonorrhea. It is the responsibility for the health department to follow up these leads to possible infection and institute control measures when applicable.

Over 1,800 animal bites were reported. The Bureau staff receives these reports from physicians, the police, emergency hospitals, medical facilities, the person bitten or his family. We are especially interested in the investigation of all animal bites as we are surrounded by endemic rabies areas with an accompanying increased risk of infections in our dog population. In January 1963 after consultation with local agencies and the Police Department, new practices were put into effect to improve the quality of animal bite investigations carried on by the Police Department. The changes were a new series of forms and procedures which have proven remarkably effective in securing the information required by medical authorities in handling victims of bites. In 1962 approximately 40% of cases referred for investigation did not produce a report. The first six months of the new system has reduced this figure essentially to zero.

We are required by international regulation to certify immunization certificates of vaccination. A fee of \$1.00 is charged for this certification, and in 1962 \$11,173 was secured from this for the General Fund. Associated with the service is health counseling for foreign travel. Educational materials are distributed to all travelers pointing out general health safeguards for overseas travel.

Local ordinance charges us with the authority to issue permits for the operation of massage parlors and bath houses. In addition to the initial investigation, Health Department personnel of this Bureau make semi-annual visits to supervise their sanitary operation. Most of the problems related to these establishments are in relation to the enforcement of the criminal code by the Police Department, i.e. prostitution. We have joined with the Police Department and responsible representatives of the industry in drafting a new ordinance which takes cognizance of the current situation. It will transfer to the Police Department the power to issue permits and, therefore, the power to revoke them. This was presented to the Board of Supervisors Police Committee who in turn referred the matter to the City Attorney's office for a legal review. We hope this or a comparable ordinance will be put into effect which will allow adequate remedies of massage parlor operations.



Our careful supervision of tattoo parlors in the city, with the absence of any reports of infectious disease being transmitted therein, suggests the success of our program.

The Bureau's "know how" in communicable disease control involves it in programs not necessarily carried out directly by the Department. An example of this, during the report period was the mass polio immunization program using the oral vaccine which was officially sponsored by the Medical Society. Bureau personnel contributed much time in planning this program and its staff worked directly in the program throughout.

General medical and public health concern relating to the relatively low levels of tetanus and smallpox immunizations of the general population, has resulted in recommendations that various promotional programs be undertaken. We have been working with many groups in this regard such as the City's own Central Safety Committee, airport groups, San Francisco Medical Society, etc. The Department may find that certain aspects of these immunization programs are its own inescapable responsibility which will require budgeting consideration of equipment, vaccines and personnel. We are studying this matter further.

#### OCCUPATIONAL HEALTH AND ACCIDENT PREVENTION

A general pattern is evolving whereby departments of public health are recognizing and accepting the responsibility to provide preventive medical services to 40% of the population currently receiving little or none - the working population. A recent San Francisco survey, undertaken in conjunction with the Department of Preventive Medicine of the University of California Medical Center, conclusively demonstrates the absence of preventive medical services available to San Francisco's workers at their place of employment. One striking example reveals that 70% of the firms use one or more chemicals which commonly cause occupational disease, with only 50% having any sort of self-monitoring program. Until this Health Department finds itself able to offer specific and necessarily specialized services in work settings with potential health hazards, the Bureau staff will continue to act for the department in working with local groups, including the San Francisco Civil Service Commission, employee organizations and employers in a consultative capacity. We provide occupational health educational materials and promote utilization of outside resources. The level of service offered by the San Francisco Department of Public Health is not comparable to such neighboring counties as San Mateo, Alameda, and Santa Clara which have trained full-time personnel working exclusively in this field. The Bureau of Disease Control epidemiologist staff investigate occupational disease reports referred to it by the State Department of Public Health. Our Bureau of Food and Sanitary Inspection on occasion provides field investigations, conducted by a few staff members who have benefited by a limited in-service training course conducted by the State Department of Public Health in Berkeley. Similarly, Public Health Nursing has been able to give assistance when indicated.

The Bureau has made, and will again make, a budget request for a new position of Industrial Hygiene Engineer, a person who, by training and experience, will be able to provide the technical direction to the program. Existing personnel and equipment at the Department's Chemistry Laboratory have been surveyed by a team from the Bureau of Occupational Health of the State Department of Public Health, and they report that our Department from a laboratory point of view is currently capable of performing many measurements required in environmental sanitation. Unfortunately without technical direction in sample collection, we are unable to take advantage of these resources.





The Department is vitally concerned with the conditions which causes more physical impairments among the general population than any disease, and which is the first cause of death from age one through age thirty-five. This, of course, is accidents. We have participated with various government and voluntary agencies in helping to develop limited and community-wide programs to reduce accidents.

#### REHABILITATION AND CHRONIC DISEASES

The human wastage and suffering associated with chronic diseases has motivated widespread federal, state and local reaction. Programs in prevention and rehabilitation have been the result. Local health departments are contributing their energies in these multi-faceted and multi-disciplined community efforts. Within the limitation of personnel available, the Bureau has been responsible for the development and implementation of such programs. Its staff, working with other bureaus of the Department and voluntary agencies of the community, has made significant accomplishments in a consultative role and in funneling state and federal monies into local projects. Of greatest significance is a program with the San Francisco Homemaker Service, which is providing district based home oriented services to the chronically ill.

Availability of out-of-hospital care for the chronically ill in San Francisco is more often related to diagnosis, age, and a whole gamut of other eligibility requirements instead of the patients' needs. While this group may now be receiving adequate care, there is a tendency to concentrate upon those whose needs outside of the immediate medical problem are limited and whose rehabilitation to an independent and productive life is possible in the foreseeable future. This situation is reenforced by the disease, rather than the health orientation of medical workers, institutions and agencies.

There has been no Health Department structure to routinely provide service in depth when needed, nor to plan a program capable of developing preventive services for the chronically ill and aged at a level comparable to that offered in the various Maternal and Child Health Programs. We are attempting to bring into more equitable balance our activities to the entire community by strengthening services to be offered from the District Health Centers for persons with chronic illness.

The medical and nursing staffs of the Health Centers are now participating in various training programs relating to problems of the chronically ill and aging. We are making available in the districts casework and nutrition consultation, as well as Home Health Aides who will augment preventive medical activities of the public health nurse just as licensed vocational nurses and orderlies assist the nurses in the hospital.

This program, along with the Home Care Program of the San Francisco General Hospital which is carried on in cooperation with the Visiting Nurses Association, with which the Department contracts for bedside nursing, and with other voluntary agencies, will enable the Department and the community to better meet our responsibilities in this field. Ultimately we expect that many patients "at home" from both public and private hospitals will benefit from this program now developing.



DIVISION OF VENEREAL DISEASE CONTROL

STATISTICAL REPORT

<u>FISCAL YEAR</u>	<u>1958-59</u>	<u>1959-60</u>	<u>1960-61</u>	<u>1961-62</u>	<u>1962-63</u>
Cases Diagnosed and Treated	2,872	3,302	3,870	4,755	5,701
Syphilis	449	523	598	*879	**989
Gonorrhea	2,418	2,773	3,269	3,876	4,709
Other Venereal Diseases	5	6	3	0	3
Epidemiological Investigations	3,663	4,176	5,774	6,116	7,551
New Patients Admitted	4,605	4,559	5,031	5,423	6,017
Readmissions	3,109	3,670	4,215	4,795	5,775
Laboratory Tests	35,614	38,066	39,001	41,833	45,633
Total Patient Visits	25,902	28,258	29,309	30,826	34,148

\* 387-Epidemiological diagnoses

\*\* 447-Epidemiological diagnoses

Venereal disease control is many things, but first of all it is a person's early presentation of himself for examination and treatment; time is of the essence. The Clinic, in its traditionally non-judgmental and non-punitive approach to the problem, seems to continue to be attractive to those in trouble, despite its many problems resulting from inadequate facilities and a thinly spread staff. Activities at the San Francisco City Clinic, as they have in recent years, continued to reflect the increasing incidence of venereal diseases in the city. The daily patient average has grown despite continual revisions in the various routines. The staff, while it has grown slightly, has not done so in proportion to the load.

1962-63 was a year in which San Francisco continued to cooperate in the national emphasis upon syphilis control, toward the practical eradication of that disease within the foreseeable future. All aspects of the program were intensified, with a staff augmented by certain United States Public Health Service personnel. That new cases were not uncovered in proportion to the effort, it is felt, must be the result of a reduced reservoir of infection. However, the Division's efforts will continue unabated during the coming year.

On July 1, 1962 there went into effect in San Francisco the State regulation requiring private laboratories to report findings significant from the points of view of several of the communicable diseases. The Division so far has concentrated only on the syphilis aspects of these reports. The exact value of this activity may never be determined, but all believe it to be an exceedingly useful tool.

# THEORY OF THE EARTH

## CHAPTER I

1. The Earth is a sphere, and its surface is divided into four parts, called continents.

2. The continents are Asia, Europe, Africa, and America.

3. The surface of the Earth is also divided into smaller parts, called islands.

4. The islands are divided into two classes, called islands proper and islands of the sea.

5. Islands proper are those which are situated in the middle of the sea.

6. Islands of the sea are those which are situated on the coast of a continent.

7. The surface of the Earth is also divided into smaller parts, called mountains.

8. The mountains are divided into two classes, called mountains proper and mountains of the sea.

9. Mountains proper are those which are situated in the middle of the sea.

10. Mountains of the sea are those which are situated on the coast of a continent.

11. The surface of the Earth is also divided into smaller parts, called rivers.

12. The rivers are divided into two classes, called rivers proper and rivers of the sea.

13. Rivers proper are those which are situated in the middle of the sea.

14. Rivers of the sea are those which are situated on the coast of a continent.

15. The surface of the Earth is also divided into smaller parts, called lakes.

16. The lakes are divided into two classes, called lakes proper and lakes of the sea.

17. Lakes proper are those which are situated in the middle of the sea.

18. Lakes of the sea are those which are situated on the coast of a continent.

19. The surface of the Earth is also divided into smaller parts, called marshes.

20. The marshes are divided into two classes, called marshes proper and marshes of the sea.

21. Marshes proper are those which are situated in the middle of the sea.

22. Marshes of the sea are those which are situated on the coast of a continent.

23. The surface of the Earth is also divided into smaller parts, called swamps.

24. The swamps are divided into two classes, called swamps proper and swamps of the sea.

25. Swamps proper are those which are situated in the middle of the sea.

Earlier in the year, because of certain presently insoluble difficulties in the control of gonorrhea, it was felt that perhaps a more permissive attitude should be taken in the epidemiology of that disease. Also, this would have to be the case if syphilis control was to be pursued with more vigor. Several developments, among others, soon became apparent. First, the gonorrhea rate continued to rise even at a more rapid pace. Secondly, the members of the epidemiology department were developing poor habits, which were carrying over into the syphilis program. Thirdly, it was felt that patients with early infectious syphilis were getting the "message", that they didn't have to be too cooperative with the Department. As a result of these impressions, the staff increasingly spent more time and effort in gonorrhea control, and it is expected that this will be continued during 1963-64.

1. The first part of the paper is devoted to the study of the properties of the function  $f(x)$  defined by the equation

$$f(x) = \int_0^x \frac{1}{1+t^2} dt$$

2. The second part of the paper is devoted to the study of the properties of the function  $f(x)$  defined by the equation

$$f(x) = \int_0^x \frac{1}{1+t^2} dt$$

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10. The tenth part of the paper is devoted to the study of the properties of the function  $f(x)$  defined by the equation

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## DIVISION OF TUBERCULOSIS CONTROL

Contrary to general belief and some predictions, the incidence of tuberculosis in San Francisco increased by 8.6 percent. Newly diagnosed active cases rose from 443 to 481 in 1962. Case rate rose from 59.5 to 64.6 per 100,000. That tuberculosis might be on the upsurge is not generally shared, but more diligent efforts at case detection in high prevalent areas plus improved epidemiological investigations of contacts to source cases, might well account for this increase. Tuberculosis as a major public health problem therefore continues unabated.

The Division of Tuberculosis Control is concerned with following objective programs:

### A. Casefinding:

1. By X-ray Detection: Detection centers are maintained at the Health Department Central Office, North East Health Center, San Francisco General Hospital, County Jail No. 1, the San Francisco Medical Society, and the Mobile Truck Unit of the San Francisco Tuberculosis Association. All these units are operated singly or jointly by the various agencies, but final reading of suspicious films is done by the Tuberculosis Control Division of the San Francisco Health Department. Table I lists the results of x-ray casefinding.

TABLE I  
X-RAY CASEFINDING - 1962

<u>Unit</u>	<u>No. Films</u>	<u>Suspicious Films</u>	<u>No. Active Cases Found</u>
101 Grove Street	24,175	1,668	81
North East Health Center	2,176	72	6
San Francisco Gen. Hospital	11,517	1,048	45
County Jail No. 1	3,742	199	10
San Francisco Medical Society	19,927	308	12
Mobile Unit	57,093	1,103	32
Total	118,630	4,398	186

2. By Tuberculin Testing in the Schools: This is the sixth year of tuberculin skin testing in the schools. Those tested are new students and also those in the first, seventh, tenth and twelfth grades. Of 32,005 students tested, 749 or 2.3 percent had positive reactions. This is a decrease from 5.7 percent in the previous year and is indicative of a tightening in tuberculosis control whereby there is less active disease in the community and hence less opportunity to become exposed to active infection. Only ten active cases were found in the schools, and eleven others were found through their family contacts.

3. By Contact Follow-up: With assistance from the Bureaus of Public Health Nursing, Maternal and Child Health, and the District Health Officers, contact follow-up is usually completed within sixty days.





## B. Case Reporting:

Under the provisions of the State Health and Safety Code, all cases of active tuberculosis are required to be reported. The receipt of the Morbidity Report Card sets into motion a complete epidemiological investigation of the case and its contacts. This also initiated an accounting record in our Tuberculosis Registry which will maintain current data on all active cases until two years following completion of therapy.

TABLE II  
REPORTED CASES & DEATHS, CASE RATES, NO. OF DEATHS AND DEATH RATE

<u>Races</u>	<u>Population</u>	<u>No. Cases</u>	<u>Case Rate</u>	<u>No. Deaths</u>	<u>Death Rate</u>
Total All Races	745,000	481	64.6	58	7.8
White	602,700	299	49.6	42	7.
Negro	78,300	96	122.6	11	14.
Chinese	37,500	39	104.0	2	5.3
Filipino	13,100	19	145.0	0	0
Japanese	9,700	15	175.3	2	20.6
Others	3,700	13	351.4	1	27.

## C. Case Isolation:

Provisions in the State Health & Safety Code require all active cases to be isolated in an adequate hospital or sanitarium. Under certain conditions selected active cases may receive treatment at home under a legal order of isolation.

## D. Case Treatment:

The Health Department maintains 264 beds at San Francisco General Hospital and 112 beds at Hassler Health Home for the treatment of tuberculosis. Additionally, a main chest clinic at the San Francisco General Hospital and three decentralized district clinics provide care and follow-up for the tuberculous outpatient.

## E. Case Prevention:

Following the epidemiological investigation of a reported case, all contacts are placed under immediate observation by x-ray and tuberculin testing. All recently converted tuberculin reactors are placed on prophylactic treatment for at least one year.

## PROGRAMS:

1. The effectiveness of the three decentralized clinics in tuberculosis control is well demonstrated in the 1962 Statistical Report. These clinics are located in the Western Addition--Fillmore, Skid Row-Tenderloin, and Chinatown-Northeast districts. These areas have a known high tuberculosis prevalence and notoriously presented problems in treatment delinquency and patient follow-up.

100  
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Not only have the clinics markedly reduced delinquency rates, but they have contributed immeasurably to much needed community health education. The increased case rates in these districts for 1962 demonstrates that better community awareness of tuberculosis has lessened the problems of case detection and case reporting.

2. An increase in personnel and other laboratory benefits have greatly assisted the tuberculosis control movement. Four Senior Microbiologists (two provided by Federal funds, one by State and Federal funds, and another by the San Francisco Department of Public Health) are at work in the Microbiology Laboratory in the Central Office Building, giving bacteriological services so much needed in a modern approach to treatment and control of tuberculosis. Newer and faster cultural methods provide quick identification of the tubercle bacillus for diagnostic purposes and contribute confirmation needed to enforce legal proceedings incident to the State Health & Safety Code. Additional facilities are given toward the identification of organisms resistant to the antituberculosis drugs and the identification and classification of atypical organisms.

3. Case detection units are constantly turning up pulmonary diseases of non-tuberculous origin, many of which must eventually become a concern to health departments. With increasing life expectancy, increasing air pollutants, excessive smoking, negligent regard for common respiratory infections, a greater number of cases of pulmonary disease eventually reach our chest clinics. Thus, conditions such as pulmonary emphysema, chronic bronchitis, asthma, lung cancer, fibrosis and other pulmonary conditions are coming under Health Department surveillance. As many of these are found in indigents, the Division of Tuberculosis Control has already begun to set up clinic facilities for their care and a pulmonary function laboratory is now in operation as an initial phase towards the care of the ailing indigent.

4. The ultimate goal to concentrate all cases of tuberculosis in Health Department institutions in a single hospital should shortly be reached. This will entail the transfer of all tuberculous patients from Hassler Health Home to the Tuberculosis Section of the San Francisco General Hospital. The beds thus freed at Hassler Health Home are to be used for chronic disease patients now overcrowding San Francisco General Hospital and Laguna Honda Hospital.



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## BUREAU OF MATERNAL AND CHILD HEALTH

The Bureau of Maternal and Child Health is responsible for the following services: Maternal Health Services, Child Health Conferences, Immunization Centers, Crippled Children Services Program, Diagnostic Centers for visual, hearing, and cardiac problems, School Health Services, and the Division of Dental Health. Close liaison by the administrative personnel of the Bureau with various community agencies, both public and private, eliminates gaps and gradually fills unmet needs in the over-all community planning for mothers and children. This approach brings about a more efficient use of the tax dollar and also keeps the community informed about the activities of the Health Department.

Although San Francisco's total population is staying the same in numbers, the population under twenty-one has steadily increased over the years. At the close of the school year 1962-63, there were 130,114 children enrolled in public and private schools.

### MATERNAL HEALTH AND CLASSES FOR EXPECTANT PARENTS.

In 1962, 2,005 women were delivered at San Francisco General Hospital; this constitutes an increase of 69 deliveries as compared with the previous calendar year. Among these, there was no maternal death, but 94 infants were either stillborn or died within 28 days of birth. Of all the infants born, 13.3% were premature, which is an increase of 4.1% over last year's 9.2% prematures. Of all women delivered at San Francisco General Hospital, 25% were under nineteen years of age.

Two public health nurses are continuing the liaison between the Maternity Clinic and the districts. These nurses are also doing the liaison work for the pediatric patients cared for at San Francisco General Hospital.

In the last few months of fiscal year 1962-63, another public health nurse has been giving a course for expectant mothers at the hospital, all of whom were primiparas and quite young. These courses were well received and seemed to have met a crying need. Other classes for expectant parents continue at Marina-Richmond, North East, and Sunset Health Centers. At Sunset Health Center an additional course for mothers of preschoolers was given three times. This too seems to fill a great need.

### CHILD HEALTH CONFERENCES AND IMMUNIZATION CENTERS

The purpose of the Child Health Conference is to provide well-child supervision of infants and preschool age children. This supervision includes periodic medical examinations, appropriate immunizations, certain screening procedures, and parental counseling as well as anticipatory guidance. This is provided by the physicians and public health nurses working in the clinics.

Each week there are 37 Child Health Conferences conducted in the nine health districts. In 1962 the total attendance was 35,874; the average attendance was 20 children per session.

The purpose of the Immunization Centers is to help insure an adequate level of immunity against certain communicable diseases in the community. Therefore appropriate immunizations are offered to those school children who cannot obtain such preventive services from private sources because of lack of funds. Immunization





Centers also offer tuberculin skin testing, which is especially important for recent migrants to San Francisco from Latin America, South America, and the Far East. During 1962-63 the Bay Area Medical Societies offered oral polio immunization in a mass program to all ages. When this program was completed, the Health Department began to offer oral polio vaccine to school-age children in Immunization Centers and Child Health Conferences in April, 1963.

### CRIPPLED CHILDREN SERVICES

The Crippled Children Services Program is a joint state-local program following the policies of the State Crippled Children Services Program, funded on a matching basis, but administered independently in San Francisco.

As of December 31, 1962 there were 2,027 active cases in Crippled Children Services. During 1962 a total of 972 cases were opened or reopened, 867 were closed, and 256 cases were rejected after proper investigation.

No new eligible categories of handicaps were added since July 1, 1962, but funds for Cystic Fibrosis became available July 1, 1962 and 18 such cases were added to the program during the past fiscal year. The disease per se had become eligible in July, 1961, but no matching funds had been appropriated by the State Legislature at that time.

The clerical help in Crippled Children Services has remained the same during the past year and the office is running smoothly because each clerk knows his or her job well. Since clerical work in Crippled Children Services involves many small details, experience is greatly needed for the average clerk to become proficient, and a frequent turnover of clerks is somewhat detrimental to an effective and smooth operation. However, the need for additional social work time exists as before.

### EAR - EYE - AND CARDIAC DIAGNOSTIC CENTERS

These diagnostic centers provide refined screening for children with a suspected handicap in any one of these three named areas. Referrals to these centers may come from private physicians, Health Department physicians, public health nurses, audiometrists, vision screening technicians, or parents. Depending on the child's defect found and the need for further medical care, arrangement for such is made by the public health nurse to either private care or, if indicated and eligible, to Crippled Children Services.

#### EAR CENTER

In 1962-63, 37,407 individual children had their hearing tested by the audiometrists. These children received a total of 44,183 tests.

Of 1,217 (3.3%) children who failed the hearing test, in 1962, 724 were seen by the otologist at the Ear Center. The others went directly to private care. Of those seen at the Ear Center, 269 showed a conductive hearing loss, 89 a perceptive hearing loss, 53 had the diagnosis deferred, and 313 could be considered normal.

An additional audiometrist is badly needed to test all high school youngsters who are now being tested only by referral and in whom it is important to find cases of early otosclerosis. This audiometrist could also be active in a health education program in the area of hearing conservation for high school children.



#### EYE CENTER

Vision screening is carried out by two technicians and the public health nurses. The technicians screened a total of 20,092 children (22,697 tests), while the public health nurses screened a total of 26,655 children (31,684 tests). Thus a total of 46,747 children received a total of 54,381 tests during the fiscal year 1962-63.

In 1962, 6,110 children failed the eye test and 2,957 (48.4%) were examined by the ophthalmologist at the Eye Center. The others (51.6%) went directly to private care. Of those examined at the Eye Center 464 (15.7%) were normal and 84.3% showed abnormalities; of these 2,187 had refractive errors, 205 had strabismus, 32 amblyopia, 21 external eye disease, 48 miscellaneous diagnoses.

#### CARDIAC CENTER

In 1962, 550 cardiac examinations were carried out. Children are referred to the Cardiac Center by private physicians and Department of Public Health physicians. They all receive a chest film, an EKG, and an examination by a pediatric cardiologist. After this diagnostic work-up, appropriate referrals are made for medical treatment as indicated. Of the 146 new children seen during 1962, 20 were found to have an organic cardiac lesion; 36 had the diagnosis deferred and needed to be rechecked again, while 60 had pure functional heart murmurs, and 30 were considered non-cardiac.

The Cardiac Center also carries the responsibility of disbursing oral penicillin to all youngsters with rheumatic fever on the Crippled Children Services Program. The Cardiac Registry of the Department is one of the best in the country and assists us in the long-term follow-up necessary in these cases.

#### SCHOOL HEALTH SERVICES

School Health Services, in general, aim to assure that each child is able to attain maximum benefit from the educational process. Any handicap, whether physical or emotional, will hinder the child, who later will be the citizen, from attaining the maximum benefit. School health services are available to all school children in San Francisco. During the school year 1962-63, 19,485 physical examinations were done in schools by physicians of the Department. These physicians spent a total of 4,062 hours in this activity, and in giving group talks and conducting group conferences and individual conferences with school personnel. There were 21,518 private medical reports received by the Department. Thus about 40,000 of San Francisco's 130,000 school children had a physical check-up during the school year 1962-63.

Screening programs for vision and hearing, although a part of school health services, are described earlier.

Skin testing for tuberculosis has been carried out in San Francisco schools since 1956. During 1961-62 school year, 32,099 students were tested, of whom 772 reacted positively (2.3%). In this positive group we found 32 cases of active tuberculosis in school children and 11 cases of active tuberculosis in other family members. This again confirms the excellence of the skin testing program as a case-finding method.

In addition to the aspects of the school health program devoted to case-finding programs and direct services, an extremely important part of a school health program is health education. This health education is aimed at healthful living and understanding of the human body. School physicians as well as public health nurses are engaged in this process, and are meeting with faculty, students, and parents on a continuing basis. They all are aiming to give the students the necessary background information to enable them to care for their own health needs as adults later.

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SELECTED STATISTICS

BUREAU OF MATERNAL AND CHILD HEALTH

	<u>1961</u>	<u>1962</u>
Total Population in San Francisco	744,000	745,000
Number of Schools - Public and Parochial	204	205
School Population	128,337 <sup>3</sup>	130,114
School Examinations - By MCH Physicians	23,708	21,669
- By Private Physicians*	24,065	21,518
Number of Child Health Conferences	1,830	1,782
Child Health Conference Attendance	39,248	35,874
Number of Immunization Centers	639	560
Immunization Center Attendance	<u>30,143</u>	<u>39,620</u>
Smallpox Immunizations	8,356	9,820
(Combined)**		
Diphtheria-Pertussis-Tetanus-Polio Immunizations	28,740	27,132
Polio Immunizations***	25,387	35,494
Tuberculin Skin Tests	<u>40,521</u>	<u>40,075</u>
Total Immunization and Tests	103,004	112,521
Ear Center Attendance	1,145	742
Eye Center Attendance	3,078	2,957
Cardiac Diagnostic Center Attendance	648	550

\* Includes the number of Private Physicians' forms returned to S.F.D.P.H.

\*\* Includes injections of DPT, DT, and DPT-P.

\*\*\* Includes injections of Salk Polio Vaccine only.



## DIVISION OF DENTAL HEALTH

The Division of Dental Health is part of the Bureau of Maternal and Child Health. The following programs are ongoing:

(1) Care Program: Children through the age of eight years are eligible to have topical fluoride applications, fillings, extractions, and other necessary work done. Those past the age limit can have emergency extractions only.

(2) Educational Program: Dental hygienists carry on instructional activities, demonstration projects, and do dental inspections to promote good oral hygiene. Some of these projects are supported by the San Francisco Dental Society. In the afternoons the dental hygienists perform oral prophylaxis and topical applications of stannous fluoride.

During the fiscal year 1962-63 the following services were performed:

Patient visits	15,220	Schools visited	42
Silver and porcelain fillings	15,167	Parent-teacher conferences	366
Extractions	2,959	Snyder tests performed	939
Other treatments	2,920	Topical fluoride treatments	916
		Prophylaxis	2,178

Caries Activity Tests: 939 caries activity tests were performed. This is a biochemical test that measures the amount of acid production that occurs in a caries activity that the individual can expect. This test requires the active participation of the student and is most impressive as an education process. Through the generous cooperation of the San Francisco Dental Society, this program has been expanded over previous years due to their financial support in the form of necessary equipment, supplies, and additional visual aids.

In-Service Training: In-service training has been provided to the staff by volunteers from the San Francisco Dental Society and by dental supply houses. Six members of the staff attended the electronic data processing course sponsored by the Civil Service Commission.

Training for State, Federal, and University Personnel: Students have been placed with the Division by the U. S. Public Health Service, Dental Health Center, 14th and Lake, San Francisco; the School of Public Health of the University of California; and by the City College of San Francisco. The Dental Division will assume a responsible role in the development and evaluation of an effective field training program for dental public health personnel. In addition, the central dental clinic will continue to serve as a training facility for dental students from the City College of San Francisco.

Chronic Disease Program: With an \$11,000 grant from the State of California Department of Public Health, a study of the resources in the community to provide dental services to the chronically ill and homebound was undertaken in 1962-63. The Dental Division will probably assume a more active role in the provision of care for this group, as soon as the role of the Public Health Department in this developing field is formulated.

### Future Plans:

Post Fluoridation Survey: Plans are under way to complete the post-fluoridation survey in 1965. At that time San Francisco will have been fluoridated for a 10-year period. Funds for the survey are anticipated from Federal and State sources.

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Eureka-Noe Health Center: Preliminary plans have been drawn for the dental clinic to be located in the projected new Eureka-Noe Health Center. This dental clinic will serve as a demonstration clinic, for the use of professional personnel in a clinic situation with the maximum utilization of ancillary personnel. It is anticipated that Federal grant monies will be available for this project.

#### SPECIAL FEDERAL ALLOTMENT

During fiscal year 1962-63, another \$14,320 became available to the Bureau of Maternal and Child Health from the Children's Bureau for the development of new or the enhancement of old programs in Maternal and Child Health. The money was spent on two activities:

1. Nutritionist

The nutritionist functions mainly in the area of staff education; however, as a new member of the public health team, the nutritionist has had to demonstrate the various ways in which she is able to function within the team. She has participated in parent meetings, career days, and individual case conferences. She has provided nutrition consultation to school teachers individually and in groups. She has participated in the orientation of new public health nursing staff and students and in the orientation and observation of dietetic interns. Useful and timely teaching aids (i.e. posters, films, booklets, leaflets) are researched, reviewed, developed, and made available for staff use.

As a part of professional staff education, a one-day conference on the "School-age Overweight" was held in January, 1963.

2. Triple "E" Project: Eyes and Ears for Education

The objective of this special project in the Westside District is to find ways of communicating with, and motivating the low socio-economic community to take advantage of the health services offered them. The influences of four groups in the community (teenagers, mothers, the church, and the official case-worker) are being compared to determine the one group which can most effectively communicate with and motivate the "hard to reach."

A survey is also being carried out in an effort to understand better the community's attitudes and level of knowledge regarding health. This project is staffed by a health educator paid out of the Special Federal Allotment; it has been in progress since September, 1962, and will be completed by June, 1964.

#### SUMMARY

The traditional programs of the Bureau of Maternal and Child Health are continuing. Through the addition of a nutritionist paid from Federal funds, they have been enhanced a great deal. A project in the Westside District, also financed by Federal funds, is designed to find ways to communicate better with those now resistant to services offered by the Department of Public Health.

Some of the unmet needs still to be filled are: a) additional social work time for Crippled Children Services Program; b) an additional audiometrist to enable the Department to test high school youngsters; c) an additional vision screening technician to relieve public health nurses' time for follow-up work.



It should also be stated here that the entire Department would benefit from a central supply and reproduction department with modern, time-saving methods and equipment. The Bureau of Maternal and Child Health would also greatly benefit by the availability of a management consultant. Evaluation of workloads and office management are not what physicians and nurses are trained for or proficient in.

Lastly, evaluation of ongoing programs as well as some research of various problems should be carried out on a continuing basis. Evaluation and research are time-consuming endeavors and require professional, clerical, and statistical personnel who, at present, are not available.



## BUREAU OF PUBLIC HEALTH NURSING

Public Health Nursing is a family-centered service utilizing the knowledge and skills of professional nursing to promote health, prevent disease, provide health counseling and make arrangements for individuals to participate in the benefits of the community health program.

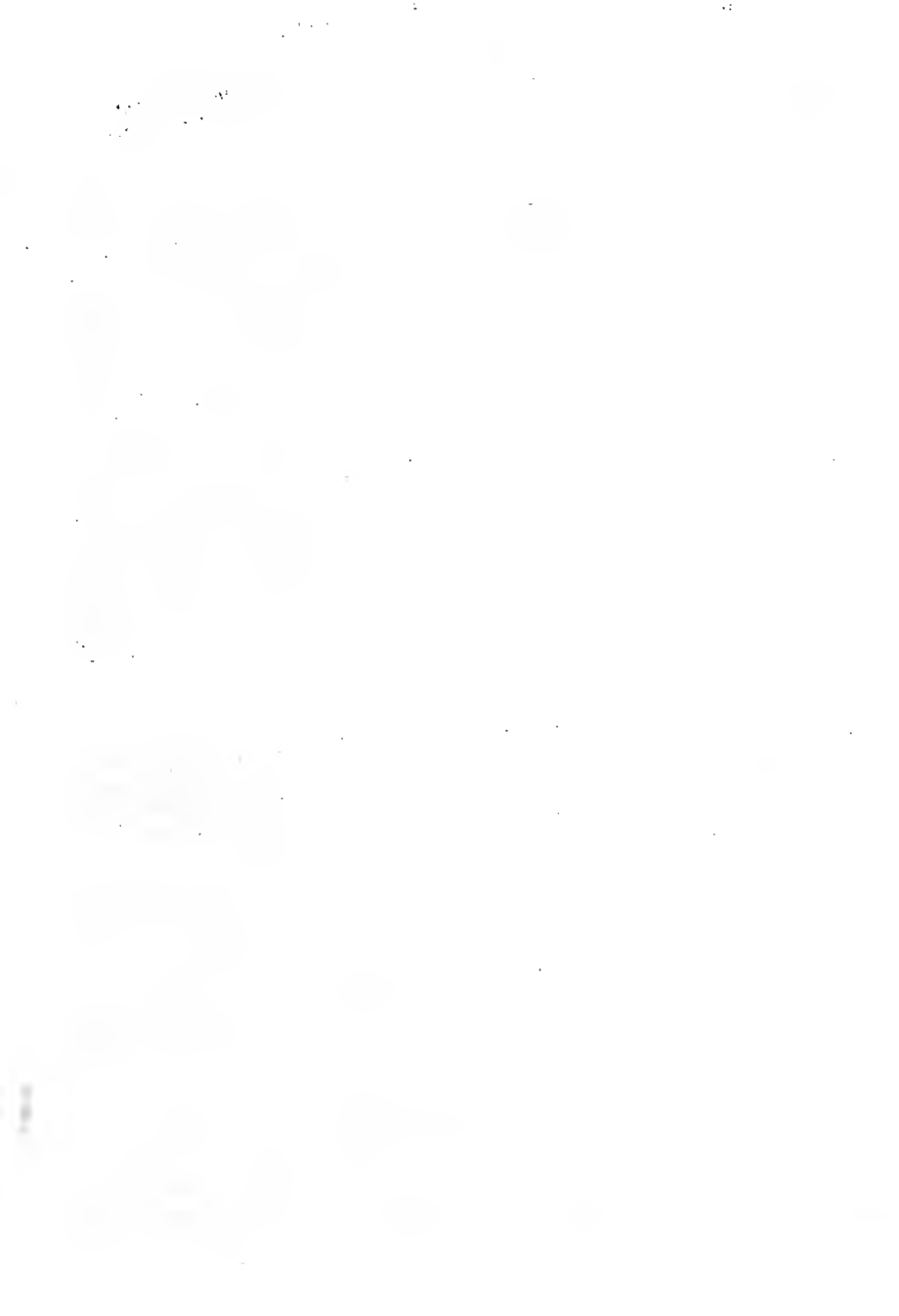
Public health nurses work with individuals, families, and groups in the community. They work in homes, schools, public health centers, and more recent responsibilities take them into nursing homes, industries, and hospitals. Assurance of continuity of nursing care makes it necessary for the public health nurse to participate in the discharge conference of a patient going home from the hospitals operated by the Department to live in the health district in which she serves. When a patient must return to the hospital, his progress or regress and his current needs, must be interpreted to institutional personnel to insure continuous care and to avoid duplication of hospital admission procedures, which are routine for new patients.

Public health nursing service is so interwoven into many programs that the reports of Bureaus, such as Maternal and Child Health and the Bureau of Disease Control, include accounts of nursing services. Public health nurses execute the services of these and other medical program bureaus. It is the public health nurse who goes into the homes in her district and performs so that planned programs can be carried out. She is the hands and feet of a program, functioning so that objectives and goals are achieved. She interprets Maternal and Child Health needs and disease control activities to families. Without public health nursing, programs could not exist as services to the public.

### DISTRICT PUBLIC HEALTH NURSING

There are 121 staff public health nurses assigned to the nine health center districts. School nursing services are provided to all the public and parochial schools in San Francisco by the Health Department nurses. The State Department of Education requires certain routine health procedures such as periodic vision and hearing tests, and polio immunization. A proportion of the time of each nurse is allotted to school nursing. Nurses visit the homes of sick school children and follow through for correction of defects. At each visit the nurse performs a complete family health service and she must necessarily drop the role of a "specialized nurse" such as "school nurse". When she enters a home she may find that she must advise a pregnant mother, arrange for rehabilitation of a handicapped person, and make referrals as necessary to an appropriate resource. Public health nurses in this agency are employed to give comprehensive family health services. Fragmentation of care to an individual or to a family is to be avoided. The nurse must act as the coordinator of health services that may come from several disciplines in the area of total care of the patient.

A table has been prepared from the monthly statistical reports of the health centers to show trends in numbers of visits to family homes and the number of individuals or families seeking health information or service at the health center. The number of schools in each health center is tabulated because the number of schools and school enrollment greatly affect the amount of time nurses have for home visiting. The number of staff nurses assigned to each district is given.



NAME OF HEALTH CENTER	NUMBER OF NURSES	NUMBER OF SCHOOLS	HOME VISITS 61-62	HOME VISITS 62-63	OFFICE VISITS 61-62	OFFICE VISITS 62-63
ALEMANY	15	25	6,701	5,875	1,125	1,158
CENTRAL	13	15	8,061	9,077	3,898	8,892
EUREKA NOE	12	24	5,310	5,675	1,452	1,508
HUNTERS POINT	14	18	12,739	8,990	316	1,092
MARINA RICHMOND	12	27	3,621	3,314	325	337
MISSION	15	25	8,076	8,534	273	915
NORTH EAST	12	17	4,603	4,471	747	1,668
SUNSET	17	35	3,768	3,460	1,309	568
WESTSIDE	11	18	7,851	6,6916	3,174	2,275
<hr/>						
TOTAL	121	204	60,730	56,312	12,619	18,413

The number of home visits are less in 1962-63 compared to 1961-62, but the number of families who received services shows an increase, because more people came to the nurses' stations seeking health information. Central Health Center located at 101 Grove Street, has a constant flow of people requesting information and health service. A shifting of personnel was made to give an additional staff nurse to Central in order to adequately serve the drop-in client.

With home visit emphasis upon the older person and upon the patient with a chronic illness, more time is spent in the home at each visit. Nursing service is given in depth. It has been demonstrated that an adequate service has not always been given when a hurried referral (even with proper written instructions) is made to an appropriate agency, if a mother does not understand exactly why Johnny must go to a special kind of doctor or clinic. She may substitute a visit to a practitioner more accessible than the specialist for Johnny's amblyopia, club foot, or cystic fibrosis if she is not convinced that true health protection will come only from an especially prepared person.

Health information is not absorbed and utilized by exposure to rote conversation about what is good and what is poor health practice. The patient must be convinced about what "is good for him". In the area of rehabilitation the patient often must actually be inspired to exercise his hand, arm or leg after a stroke. A casual or hasty home visit does not bring about the kind of change in patient behavior which is desirable or necessary for his welfare.

Home visiting takes 53% of the time of the public health nursing staff, according to a cost study compiled by the National League for Nursing in March, 1962, in which the Bureau of Public Health Nursing participated. The 53% included time required in keeping necessary records of visits.





## SPECIALIZED NURSING SERVICE

The National League for Nursing Study revealed that 111,163 completed visits were made in 1962 by public health nurses. This includes nurses working in the diagnostic centers and in venereal disease, chest, maternity, and pediatric clinics. More than 30,000 individuals received public health nursing counseling at the above stations.

## STAFF DEVELOPMENT

Staff turn-over averaged two new nurses per month during the 1962-63 fiscal year. The Educational Director directs a formal orientation program and assists the immediate supervisor of a new staff member in a plan for adequate in-service training. It takes about two years for a nurse who is new to public health nursing to become a fully productive staff member in this agency which performs such comprehensive nursing services.

Student public health nurses from the University of San Francisco, University of California, and San Francisco State College receive experience in all areas of public health nursing service except bedside care. Student nurses from other schools of nursing come from observation visits.

Others who make home visits with public health nurses or who come on tours for information include dietetic interns, social work students, psychiatric residents, dental and dental hygienist students, and foreign exchange students. Most staff members feel that the exchange of information results in value received for the time spent in these activities.

Student and visitors stimulate staff members. Staff becomes knowledgeable of recent developments in the field of nursing service and education, and in new methods in other paramedical fields.

Staff public health nurses attended rehabilitation courses to Rancho Leo Amigos Hospital at Los Angeles and at the University of California to become more adept in services to the chronically ill and handicapped. A nurse who attends a special course is obligated to assist in the orientation of the rest of the staff in the specialty. Other courses attended by public health nurses have been in the fields of parent education, vision and hearing conservation, supervision and administration.

Several nurses have taken educational leave without pay to work for Master's degrees and many take night classes to improve their nursing practice.

## BUREAU STUDY

The reorganization of the Public Health Nursing Bureau has taken many hours of administrative and supervisory personnel time. Each level of worker met in committees to define responsibilities and recommend minimum requirements, which, in some instances, have been forwarded to Civil Service

The Record Committee of the Bureau Study has made significant progress. New family records and streamlined nurses' daily reports were adopted July 1, 1963



as a result of the committee. It is expected that record keeping will be greatly simplified and will require less time when each health center has had an opportunity to make the change-over to the new method. Nurses are still doing a great deal of record work which can be assigned to clerical workers when these positions are established.

The Program Review Committee consisting of District Health Officers and Supervising Nurses, is meeting with Program Chiefs to insure highest possible health care in each special area, with the least amount of duplication and unnecessary record keeping. Long-term recommendations are being made. Liaison work with the Unified School District is planned to secure a more family-centered health service for each child.

#### FUTURE PLANS

Public health nursing plans to become involved in top-level conferences whenever a program which will eventually involve nursing service is inaugurated or when program emphases change and nursing procedures must therefore change. Each discipline which will be significantly involved in giving the service has a contribution to make in original planning. This participation will insure smoother operation and administration of the program.

Strengthening of supervision and consultation within each discipline is important. For this reason nursing looks forward to the establishment of the position of Supervising Mental Health Nurse. Professional workers receive supervision and consultation from skilled members of their own profession. So it is with nurses; their practice improves and develops best under qualified consultation and supervision from nurses.

Future plans call for the necessity of nurses at the Health Department institutions to plan together with public health nurses to bring about the orderly transition of the nursing care of the patient when his medical care requires movement from hospital to nursing home, to his own home, or to an out-patient service. The participation of the public health nurse at the patient's discharge conference has been proven to be one of the most satisfactory methods of insurance of continuity of care.

Total, comprehensive, and adequate health service to each individual requires coordination of the services of each professional discipline supplying patient care.



## BUREAU OF HEALTH EDUCATION

### OBJECTIVES

The purpose of the Bureau of Health Education is to assist the Department in accomplishing its objectives through educational activities and services:

- (1) Give assistance in planning and carrying out educational aspects of health programs
- (2) Give consultation in educational methods, techniques and materials.
- (3) Work with community groups on cooperative health education activities
- (4) Provide health information services by means of personal contact or mass media
- (5) Provide services in health education materials.

### DEPARTMENTAL RELATIONSHIPS

The Bureau of Health Education is a service bureau. As such, it functions in a staff relationship to the line units of the Department including Administration and the program bureaus. The Bureau serves as an educational resource to all personnel of the Department, assisting them with both consultation and direct services in the educational aspects of their professional work and in staff education programs.

### BUREAU ACTIVITIES

Departmental Orientation Program. Under the guidance of the Department Orientation Committee, this in-service program provides orientation to the organization facilities and programs of the entire Health Department. During the past year, five programs were conducted - three for public health nurses and two for all other new employees.

Weekly Bulletin. A weekly publication on public health subjects, including a statistical report, is prepared for the Director of Public Health. This "Weekly Bulletin" is distributed to physicians, hospitals, health agencies, school administrators, PTA chairmen, libraries, public officials and other community leaders. It is also delivered to the press, radio, and TV stations.

#### Information Services.

1. Information about the Health Department - its organization and services and interpretation of its programs are given to students, agencies, and the general public.
2. Information is supplied to individuals requesting such literature pertaining to the field of public health and specific disease entities.
3. Assistance is given to staff and community groups in securing qualified speakers on health subjects.
4. Health Education staff participates in "Careers Day" at San Francisco schools, giving talks on health careers.

Publicity. As occasions warrant it, news releases on a variety of timely subjects are prepared and mailed to the press and to radio and TV stations. The department's Weekly Bulletin is a source of news material frequently used by the news media.



Conferences, Workshops & Institutes. The staff of the Bureau participates in the planning and carrying out of educational programs for staff and for professional personnel outside the Department. Included during the last year were a Tuberculosis Bacteriology Workshop on Mycobacteria - one day for laboratory personnel of San Francisco; "The School-Age Overweight" nutrition conference for public health nurses held at San Francisco State College; an institute for public health nurses at Laguna Honda Hospital on Rehabilitation Services in the Home; a Dental Health Education Workshop for teachers and health personnel held at San Francisco State College by the California Dental Association.

#### Health Education Projects.

1. By means of a Federal grant through the Bureau of Maternal and Child Health, a special project in the Westside Health District was started this year to improve health knowledge and practices among mothers of pre-school children, through participation in a vision and hearing screening program for 3-5 year old children. The health educator employed as project coordinator is administratively under the Director of Maternal and Child Health and the District Health Officer and receives professional supervision and assistance from the Bureau of Health Education.

2. Federal funds also are financing an Epilepsy Project in San Francisco through the United Cerebral Palsy Association. By arrangement between that agency and this department, the health educator employed is located in this Bureau and receives professional supervision and assistance from the staff. The purpose of the project is to provide the community with a professional and health education program in epilepsy and an assessment of the unmet needs in relation to epilepsy.

Special Activities. As in previous years, the Bureau planned and supervised the experience of the interns assigned to the Health Department from the Coro Foundation and assisted the Director of Public Health in conducting the United Bay Area Crusade in the Health Department. The Bureau assists in hosting and arranging itineraries for visitors from other parts of the country and from foreign lands.

Library Services. A source materials file classification system is maintained and reports, articles, reprints, booklets, etc. are available for use by both staff and the public. Selected pertinent reference materials are routed to appropriate bureaus.

#### Health Education Materials.

1. Printed Educational Materials. The Bureau screens and evaluates pamphlets, and posters, procures from both pay and free sources, maintains a stockroom and distributes these materials. In addition, consultation and advice is given on their selection and effective use. The following table shows the distribution of pamphlet material for the last two years:

<u>Fiscal year</u>	<u>District Health Centers</u>	<u>Other Health Department Bureaus</u>	<u>Directly to Public</u>	<u>Total</u>
1961-62	80,574	9,364	2,841	92,779
1962-63	103,822	18,757	2,662	125,241





2. Audio-Visual Services. A film loan library of motion pictures and filmstrips on health and safety subjects is operated by this Bureau. Films are previewed and evaluated. Consultation is given on the selection and use of educational films. The following table shows the use of the film library for the last two years:

<u>Number of Requests for films</u>		<u>Number of Film Showings</u>	<u>Total Attendance</u>
1961-62	709	1,005	46,278
1962-63	790	1,159	40,319

#### PROBLEMS

The only problem of significance is the lack of sufficient personnel to provide the health education services demanded by Administration, staff, and the public. The present understaffing of the Bureau seriously hampers the department in adequately meeting its educational responsibilities in all phases of public health work.

#### FUTURE PLANS

We will continue to meet the needs for health education services requested by staff and the public insofar as our present small staff allows. We hope to give further emphasis to meeting health education needs requested by the community in the fields of (1) the health of "senior citizens" (2) Occupational health (3) home accident prevention, and (4) publicity and public relations through greater use of newspapers, radio and television. The time we shall be able to devote to these community programs will be dependent on personnel time available.



## BUREAU OF SANITATION AND HOUSING INSPECTION

The primary purpose of the Bureau of Sanitation and Housing Inspection is to prevent the development of insanitary and unsafe conditions in our daily environment. The Bureau conducts a program that includes supervisory, educational, and enforcement activities in the fields of housing maintenance and rehabilitation, food control, water sanitation, refuse disposal, and general environmental sanitation improvement.

Every resident in the City and County of San Francisco depends upon the Bureau to assure the healthful quality of the environment in which they work, live, and play. The variety and magnitude of this responsibility are reflected in the following report of the Bureau's specific activities:

### HOUSING

#### CHECK LIST NOTICE PROGRAM

The Department of Public Health in February, 1962 commenced the distribution of the new check list correction notice. This is the new enforcement procedure described in the Annual Report for the past two years. Under this procedure every owner of an apartment or hotel building, which was nonconforming and disapproved for a permit of occupancy, received a check list notice. These printed forms list the substandard conditions which form the basis for the disapproval and contain instructions relative to a building's total rehabilitation. All city departments concerned with housing receive a copy of this notice. In this way the property holder is made aware of the requirements of all agencies when application is made for rehabilitation permits.

As of June 30, 1963 3,449 check list notices had been issued. All of the known non-conforming apartments and hotel buildings, with the exception of those located in certain of the city's conservation and rehabilitation areas, are now under notices of correction from the Bureau.

<u>Check List Notice Data:</u>	Number of Check List Notices	
	Issued February 1962-June 30, 1963	..... 3,449
	* Number of Building Permit	
	Applications processed	..... 1,184

\*Data based on Building Applications processed through the Department of Public Health which does not indicate the moderate percentage of applications which are cancelled.

#### Property Holders Estimated Cost of Proposed Rehabilitation

	Number of Building Applications	..... 1,184
* Total Cost		.....\$1,800,000

\*Data based on property holders stated cost of rehabilitation on application for Building Permit.

Prior to the commencement of this program, estimates were made relative to the response that could be reasonably expected using this new enforcement procedure. The stated goal for the year was the initiation of corrective action in 600-1,000 buildings. As can be seen from the accompanying data, this objective has been attained.



### SERVICE OF HOUSING COMPLAINTS

The Bureau receives, initiates and investigates complaints relative to housing from all sources. These complaints range from conditions of maintenance and occupancy to problems of sanitation.

Housing Complaint Data  
1962-1963

Complaints Received ..... 2,810  
Complaints Abated ..... 2,430

### ANNUAL PERMIT OF OCCUPANCY

The San Francisco Housing Code prescribes that a permit of occupancy shall be required for every apartment house and hotel, and that description of the property be on file with the Bureau. Annual inspections are made of these structures to assure satisfactory conditions of maintenance and occupancy. Those buildings which are found to contain substandard conditions are ordered rehabilitated.

Permit of Occupancy Data

Inspected during 1962-63 ..... 16,579  
No. Violation Notices Issued... 1,813

### ABATEMENT HEARINGS

In 1961 a totally new procedure was devised and activated in an attempt to accelerate the process of the occasionally required formal legal action against certain properties. The procedure consisted of the establishment of a board of supervisory personnel who would hold informal weekly hearings with property holders and field inspectors to resolve problem cases. The following comparative data reveals the extent to which the Bureau's personnel have utilized this procedural device:

<u>Comparative Abatement</u> <u>Hearing Data</u>		<u>Housing</u>	<u>Food</u>	<u>Misc.</u>	<u>*Total</u>
	1961-62	295	107	75	467
	1962-63	325	123	149	597

\*Approximately 80% of the total cases have been successfully concluded without further formal legal action.

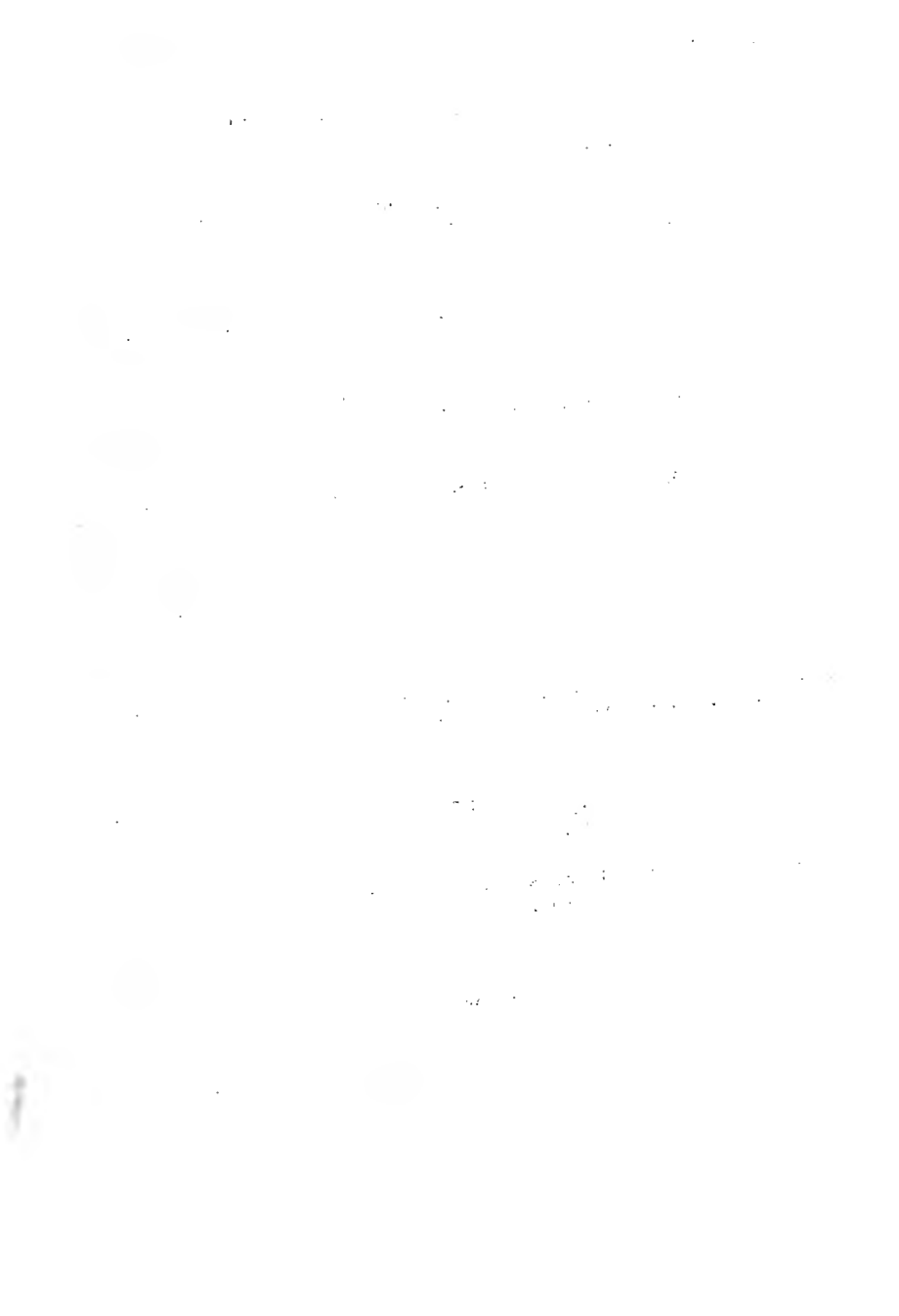
### CONDEMNATION HEARING DATA

Condemnation hearings are held regularly to bring before the Director of Public Health those owners of substandard buildings who fail to comply with the Department's notices of correction and directives issued at the Bureau's Abatement Conferences.

Condemnation Hearing Data  
1962-63

\*Cases before the Director .... 62  
Buildings Condemned ..... 14

\*Includes rehearings



## BUILDING PERMIT APPLICATIONS

Building Permit Applications for the construction and alteration of apartment buildings, hotel buildings and food processing establishments are processed by the Bureau. A comparison of the past three years is presented to show the steadily increasing volume of activity in this area:

Building Permit Application Data	1960-61	.....	2,203
<u>Applications Processed</u>	1961-62	.....	2,529
	1962-63	.....	3,489

## COMPARATIVE HOUSING DATA

A comparison over a period of four years of the housing case load is a reliable indication of the magnitude of the Bureau's program in this field:

### Comparative Housing Data

1. Case Load Per Inspector In	2. Total Cases Active In
June, 1960 - 7 Housing Cases	June, 1960 - 403 Housing Cases
June, 1961 - 12 " "	June, 1961 - 674 " "
June, 1962 - 58 " "	June, 1962 - 3,197 " "
June, 1963 - 52 " "	June, 1963 - 2,865 " "

## FOOD CONTROL

Food control activities are directed toward guarding the food supply of the city against contamination and maintaining optimum sanitary conditions where food is sold, processed and served. All establishments selling, purveying, manufacturing or processing food are subject to continuing inspection and regulation. The scope of the Bureau's activities in this area are best indicated by the following data:

### Food Control Data - 1962-1963

<u>Types of Establishments Inspected</u>	<u>Number of Inspections</u>
Bakeries	1,769
Breweries	70
Meat markets	3,593
Candy factories	226
Candy stores	1,434
Canneries	43
Delicatessens	1,571
Fish and shellfish	1,075
Fruits and vegetables	2,900
Grocery stores	6,150
Liquor taverns	1,245
Markets - general	3,123
Other food factories	653
Peddler wagons	66
Poultry	2,942
Salvage dealers	34
Sausage factories	13,987
Soft drinks	695
Warehouses	238
Restaurants	24,403





## PUBLIC EATING PLACES

Relatively few owners of public eating places fail to comply with corrective orders issued by the Bureau. However, when this situation arises a permit revocation hearing is held before the Director of Public Health.

Permit Revocation Data  
1962-1963

No. of Permit Hearings ... 7  
No. of Permit Revocations ... 4

## FOOD SAMPLING

A continuous program of food sampling and laboratory analysis is one of many controls which assures the public of purity, wholesomeness and high quality in the foods they consume. During the past year collection of ground meat and hamburger specimens was emphasized.

### Sampling Data - 1962-1963

*Ground Meat samples	592	Processed Meat samples	365
Custard samples	207	**Positive Custard samples	7
Fish and Shellfish samples	67	Rim Counts (swab tests of multi-use utensils)	1,394

\*23 arrests were made for adulterating ground meat. All violators were found guilty, fined and placed on probation.

\*\*After a review of the manufacturing process with operators, resampling revealed no further positive findings.

## CONDEMNATION AND DISPOSAL OF UNFIT FOOD

Annually a certain quantity of food is discovered that must be condemned as unwholesome. During the past year 156,512 pounds of meat and meat food products, and 2,612 pounds of other foods were condemned and ordered destroyed.

## MEAT INSPECTION FOR SAN FRANCISCO INSTITUTIONS

All meat, meat food products and poultry purchased by the city for consumption in city institutions is inspected by the Bureau. During the fiscal year 1962-63 1,340,342 pounds of these products were inspected. Of the total quantity examined 99,292 pounds were unacceptable and rejected.

## PROCESSED MEAT INSPECTION

To assure that meat food products produced in the city meet all local and state regulations relative to quality and sanitary manufacturing standards, frequent inspections are required. Each manufacturing plant is visited twice daily. The morning inspection is for the purpose of supervising the processing of ingredients and obtaining samples for laboratory analysis. The afternoon visit is for the examination and stamping of the finished product and for the supervision of the cleaning of equipment and premises.

Processed Meat Inspected and Approved  
1962-63

Corned Meats	.....	3,229,951 lbs.
Smoked Meats	.....	4,791,413 lbs.
Sausage	.....	19,554,377 lbs.



## OTHER ENVIRONMENTAL HEALTH PROGRAMS

### REFUSE COLLECTION AND DISPOSAL

Disputes between the public and scavenger companies relative to service and rates are investigated and resolved by the Bureau. Each day members of the field inspection staff supervise the pick-up, storage, handling and disposal of approximately 1,000 tons of garbage.

Refuse Collection and Disposal Data	No. of Garbage Complaints	...1,943
<u>1962-1963</u>	No. of Garbage Dump Inspections...	96

### MOSQUITO CONTROL PROGRAM

Responsibility for the coordination of a mosquito control program was assumed by the Bureau in 1958. The incidence at that time had reached significant levels. The following comparative data reveals the success of control measures employed since that time:

Comparative Mosquito Complaint Data	Year	Complaints
<u>1962-1963</u>	1958-59	1,128
	1959-60	735
	1960-61	310
	1961-62	248
	1962-63	205

### AIR SANITATION AND RESEARCH

The Bureau, in cooperation with Bay Area Pollution Control District, assists in the enforcement of air pollution enforcement and also operates an air sampling network.

#### Air Sampling Data - 1962-1963

Air Pollution samples	821	Radioactive samples	47
Weather condition observations	667	Smoke complaints investigated	55
Visual range observations	667	Dust samples	3

### ENVIRONMENTAL HEALTH WATER PROGRAM

During the fiscal year 1962-63 all water sampling and inspectional activities were evaluated. The many aspects of a total water program have been coordinated into one functional unit. The drinking water sampling program has been modified to bring it into conformity with the standards of the U.S. Public Health Service. Surveillance of recreational waters has been intensified in an effort to provide the maximum protection to the public health. It is anticipated that the Drumm Street sewage pumping station will be completed in 1964. The completion of this plant should result in sufficient improvement of the waters of Aquatic Park to permit the removal of the quarantine of this beach.

#### Water Sampling Data 1962-63

	Samples Taken	Percent of Samples with Contamination in Excess of Standard
Drinking water	1,594	1.1%
Private wells	17	6.
Bottled water	177	2.8
Swimming Pools	356	1.



	Samples Taken	Percent of Samples with Contamination in Excess of Standard
Recreational Waters	353	46.%
Sewage Effluent	22	41.%

### PLAGUE SURVEILLANCE UNIT

The long-standing city program for the control of rodents is the responsibility of the Plague Surveillance Unit. All areas of the city are covered by this program with the trapping of rats in occupied buildings being stressed.

During the past year a significant incident occurred in the Marina District which indicates the effectiveness of the city's organization for the control of rodents. In February 1963 bubonic plague was detected by the United States Public Health Service Laboratory in a rat found dead in the Marina District. Within hours after the discover, the majority of the staff of the Bureau of Sanitation and Housing Inspection and the Plague Surveillance Unit were in the area conducting a total land and holding survey. Within a one week's period 1,543 building in a fifty block area were completely inspected for evidence of rodent infestation. The survey revealed that 8 structures had a rat infestation and 97 had possible infestation. As a result of these findings, 1,695 traps were set in appropriate locations and 52 rats were caught.

In April 1963 DDT dusting was undertaken in all buildings located in a 20 block area that immediately surrounds the point where the infected rat was found. During this entire period the adjoining military installation conducted a similar control program. In the coming year trapping will be intensified in the Marina, Western Addition, Mission, North Beach and Waterfront areas. DDT dusting will take place at six-week intervals at Yacht Harbor and the Palace of Fine Arts. The program, initiated in 1961, to control rodents in the sewers through the use of poison will continue in the coming year.

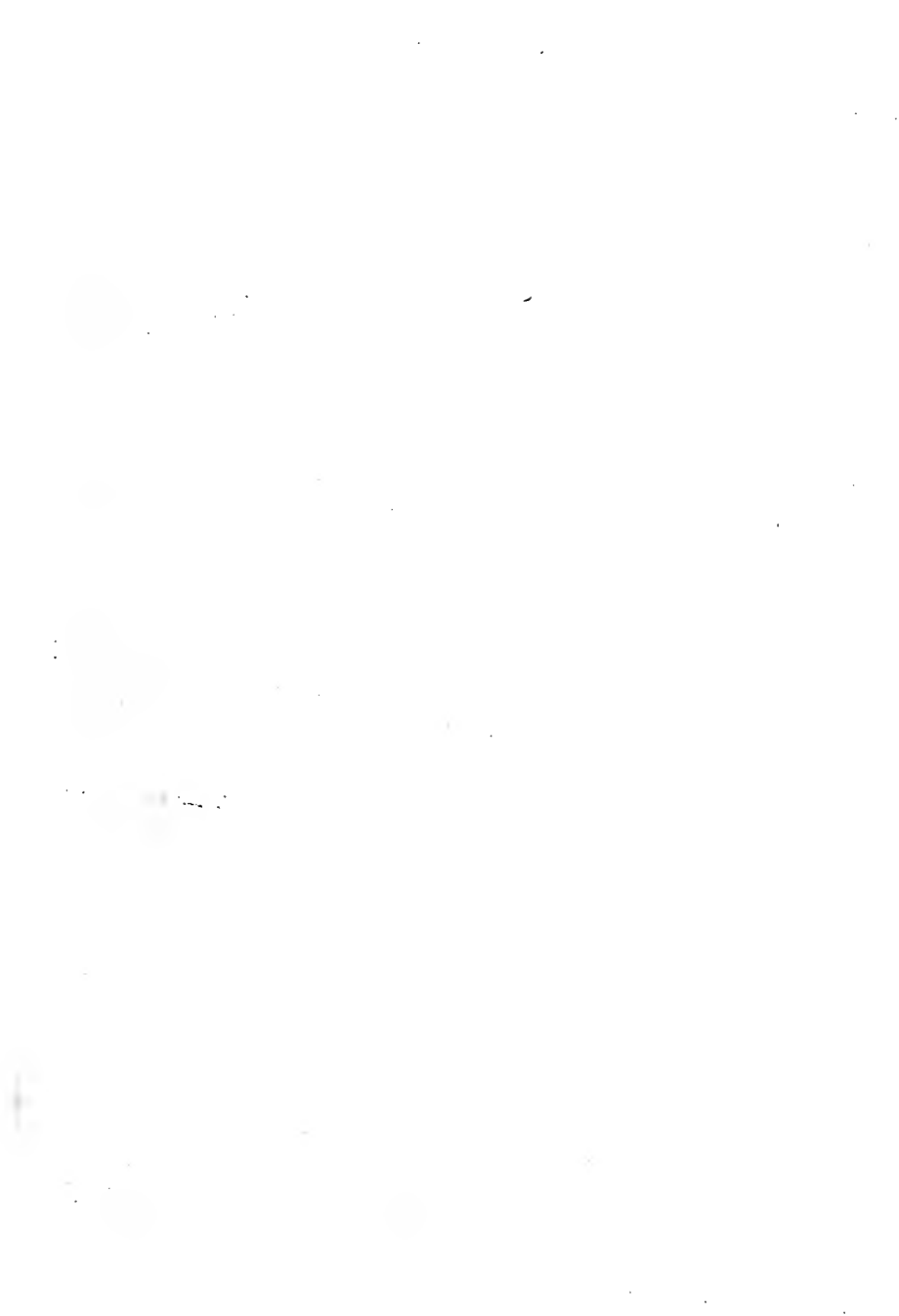
#### Comparative Rodent Control Data

<u>1961-62 and 1962-63</u>	<u>1961-62</u>	<u>1962-63</u>
Premises Inspected	11,837	12,363
Rats trapped	4,558	3,808
Premises Infested	597	618

### OTHER PROGRAMS

Many more specialized activities are delegated to the Bureau. All salvage or distressed merchandise intended for human consumption and use is under surveillance and control; public swimming pools are regulated; private ambulances are inspected and licensed; detention facilities are examined annually; ambulatory homes for the aged and nursery schools are subject to Bureau approval; and fumigations with toxic materials are controlled, licensed and supervised.

Another of the specialized activities is the semi-professional course of public health and sanitation offered to City College students who are training for executive positions in the hotel and restaurant industry. Food handling sanitation classes are also conducted on a regular schedule for the food industry and the general public. The list is almost endless. Literally, the Bureau's many current and planned programs are prepared to cope with a majority of the city's environmental health problems.



## BUREAU OF DAIRY AND MILK INSPECTION

### PURPOSE

The function of the Bureau of Dairy and Milk Inspection is to enforce the rules and regulations of the City and County of San Francisco and the California State Department of Agriculture pertaining to the production, processing, and handling of fluid market milk and milk products. The enforcement of these regulations insures the consumer of a safe and wholesome product.

### DAIRY FARM INSPECTION:

Under the district dairy farm inspection provision of the Agricultural Code, this bureau supervised the production of 105,000,000 gallons of market milk that was produced annually on 649 dairy farms in areas outside of San Francisco. Regulatory supervision on dairy farms covers construction of dairy buildings, installation of equipment, sanitary production and handling of milk, control of water supply, and control of the use of antibiotics and pesticides. In addition to routine inspection, samples of milk are taken at the dairy farm and submitted to the San Francisco Public Health Microbiological Laboratory and the Chemical Laboratory for analysis to determine the quality of the raw milk. This bureau utilizes the services of five laboratories located in outside areas.

### PROCESSING PLANTS INSPECTION:

The Bureau of Dairy and Milk Inspection supervises the processing of fluid milk and milk products in seventeen processing plants. Regulatory supervision in these plants covers the sanitary construction of buildings, installation of equipment, and sanitary processing and handling of the products. Samples of the raw and pasteurized products are taken at the plant and submitted to the microbiological laboratory and chemical laboratory for analysis to determine the quality of the products. Table No. 1 outlines the daily distribution of fluid milk products in San Francisco.

### TYPES AND NUMBER OF INSPECTIONS MADE:

Listed below are the types and number of inspections made by the staff during the fiscal year 1962-63:

Dairy Farms	14,558
Skimming and Cooling Stations	1,167
Pasteurizing Plants	1,480
Milk Transport Trucks	317
Groceries, Delicatessens and	
Public Eating Places for sampling	1,614
Butter Factories	12
Cheese Factories	20
Ice Cream Factories	54
Miscellaneous	32
Complaints	29

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Total Inspections 19,283





#### NUMBER OF SAMPLES TAKEN FOR ANALYSIS:

Listed below are the number of samples of milk, cream and milk products, and waters taken for chemical and bacteria analysis:

Dairy Farms (Raw Milk)	20,411
Pasteurizing Plants (Raw Milk)	6,075
Pasteurizing Plants (Pasteurized Milk)	2,718
Groceries, Delicatessens, Public Eating Places (Pasteurized Milk)	1,728
Sediment Determination	9,127
Rinses and Swabs	1,714
Water Supplies	164
<hr/>	
Total Samples	41,937

#### QUALITY OF MILK AND MILK PRODUCTS:

Outlined below is the quality of milk and milk products analyzed:

	<u>Per Cent Milk Fat</u>	<u>Solids Not Fat</u>	<u>Bacteriological Colonies per Milliliter</u>
Grade A raw milk received at Skimming and Cooling Stations	-	-	13,000
Grade A raw milk received at San Francisco for pasteurization	-	-	9,000
Bulk Tankers of Grade A raw milk received at Processing Plants	-	-	15,000
Grade A raw cream as received for pasteurization	-	-	8,000
Grade A raw skim milk for pasteurization	-	-	24,000
Grade A pasteurized milk delivered retail	3.7	8.83	800
Grade A pasteurized milk delivered through groceries, delicatessens, hotels and restaurants	3.69	8.84	2,000
Grade A pasteurized whipping cream	37.25	-	2,000
Grade A pasteurized pastry cream	39.33	-	29,000
Grade A pasteurized table cream	21.04	-	5,000
Half and Half pasteurized	12.58	-	1,000
Pasteurized skim milk (non-fat)	-	-	600



	<u>Per Cent Milk Fat</u>	<u>Solids Not Fat</u>	<u>Bacteriological Colonies per Milliliter</u>
Flavored Milk Drinks	3.41	-	1,000
Concentrated milk pasteurized	10.37	25.45	900
Ice Cream	11.55	-	3,000
Ice Milk	4.4	-	4,000
Ices and Sherbets	2.4	-	500
Low Fat	2.10	10.17	900

During the year the supply of milk from 34 dairy farms was degraded and 3,124 gallons of milk were condemned.

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#### DAILY DISPOSITION OF FLUID MILK PRODUCTS IN SAN FRANCISCO

TABLE NO. 1

	<u>Past. in S.F. (Gal)</u>	<u>Past. else- where (Gal)</u>	<u>Bal- ance in S.F. (Gal)</u>	<u>Past. else- where and sold in S.F. (Gal.)</u>	<u>Total Daily Sales S.F. 1962 (Gal)</u>	<u>Total Daily Sales S.F. 1961 (Gal)</u>	<u>Inc. Dec. 1962 (Gal)</u>	<u>Inc. Dec. 1962 (Gal)</u>	<u>Con sump- tion Cap- ita Pints</u>
Market Milk	116,399	61,036	55,363	6,361	61,724	62,594	-870	-1.39	.664
Half & Half	4,962	1,754	3,208	282	3,490	3,645	-155	-4.25	.0375
Cream	886	345	541	41	582	684	-102	-14.91	.0063
Non-Fat	6,622	3,433	3,189	575	3,764	3,371	†393	‡10.44	.0405
Buttermilk	2,888	1,636	1,252	263	1,515	1,578	-63	-3.99	.0163
Flavored Milk Drinks	1,952	789	1,163	305	1,468	1,430	†38	‡2.59	.0158

Based on Population of 744,000.



## PUBLIC HEALTH MICROBIOLOGY LABORATORY

### PURPOSE AND OBJECTIVES

The public health laboratory exists, in part, to provide adequate laboratory services for the successful conduct of the programs of the Health Department. Another function of the laboratory is to provide laboratory service to the community for the control of communicable diseases and for the assistance of the community physicians in the solution of other problems relating to the general field of public health. The Public Health Laboratory also serves as an aid to the clinical laboratories in a consultative and reference manner on certain laboratory examinations in which the Public Health Laboratory is especially well-qualified and where, for one reason or another, the clinical laboratories are limited.

### PRESENT PROGRAMS

#### COMMUNICABLE DISEASE CONTROL

##### A. Venereal Disease Control.

Two standard serological tests for syphilis, the Kolmer Complement Fixation Test and the V.D.R.L. Test, are currently being employed by this laboratory to aid the physician in the diagnosis of syphilis. In a continuing yearly trend, serological tests for syphilis increased by 5.8% over the previous fiscal year, an increase of over 4,000 tests.

TABLE I  
NUMBER AND PERCENTAGE OF SYPHILIS SEROLOGY SPECIMENS EXAMINED BY SOURCE

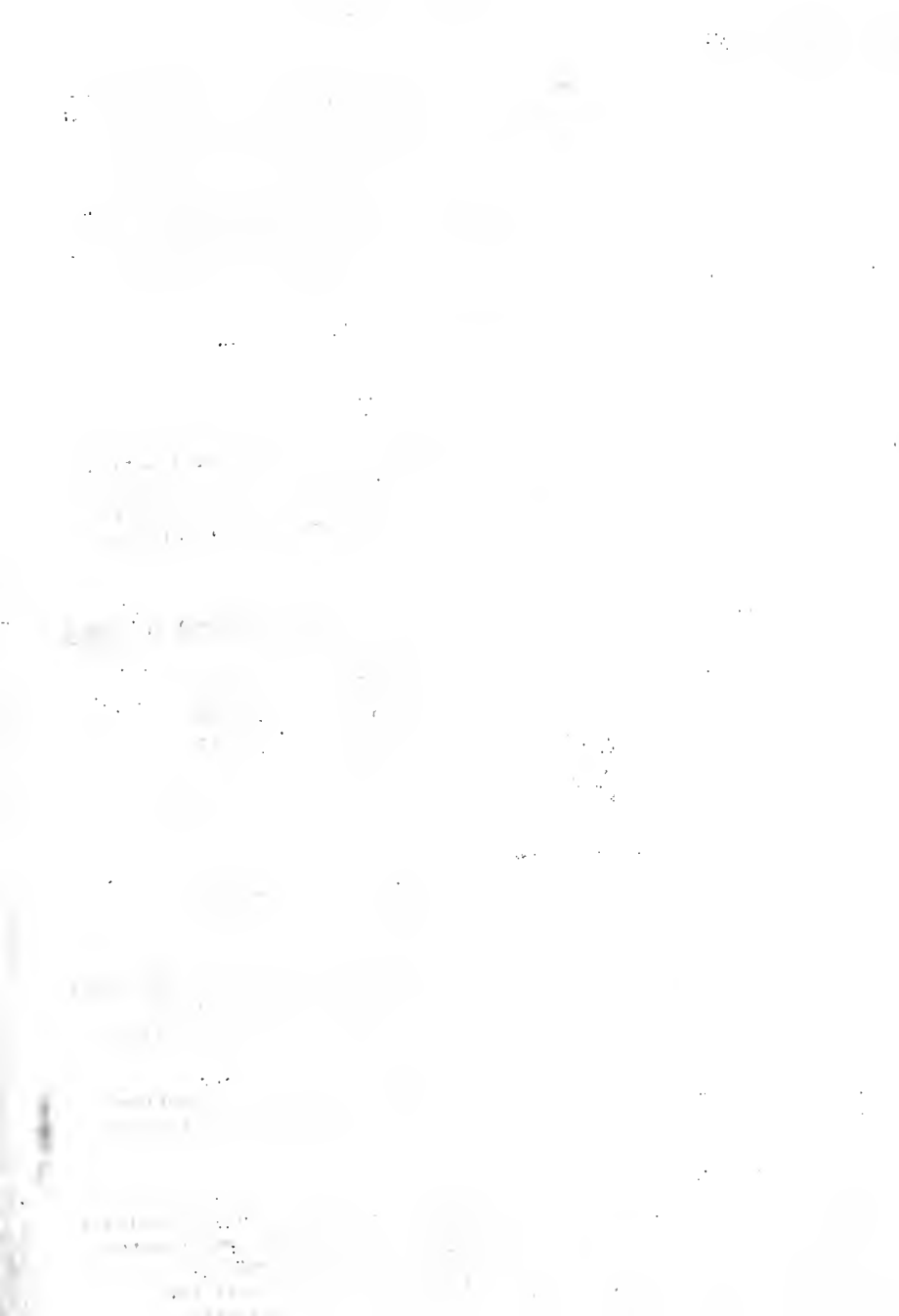
	<u>Number</u>	<u>Percent</u>
San Francisco City Clinic	18,048	36.8%
San Francisco General Hospital	13,551	27.8%
U. C. Hospital, O.P.D.	7,386	15.2%
Civil Service Commission	3,500	7.2%
Private physicians, Clinical Laboratories and Hospitals	2,954	6.1%
Other (Youth Guidance Center, Laguna Honda Hospital, Hassler Health Home, etc.)	<u>3,363</u>	<u>6.9%</u>
Total	48,802	100. %

Cultural and microscopic examinations for gonorrhea are performed by the laboratory for the San Francisco City Clinic, Youth Guidance Center, and other agencies. Testing for gonorrhea in the laboratory increased 11.2% over the previous fiscal year.

Laboratory examinations in the field of Venereal Disease Control alone comprised over 65% of all examinations performed by the Microbiology Laboratory during the past year.

##### B. Tuberculosis Control

Microscopic, cultural and drug susceptibility testing services for tuberculosis are performed in the laboratory in support of the Division of Tuberculosis Control. A significant 30.3% increase in the number of drug susceptibility tests for tuberculosis bacteria were made this past year over the preceding fiscal year. There was also a slight increase in the number of cultural and microscopic examinations performed in this program area.



A continuous laboratory evaluation has been in progress over the past year to find better techniques for use in tuberculosis bacteriology. As a result new biochemical testing techniques have proved quite helpful in the accurate identification of tuberculosis bacteria. New growth media and culture techniques show great promise for increasing the capability of the laboratory.

The Microbiology Laboratory has been chosen by the State Department of Public Health to be a Regional Tuberculosis Drug Susceptibility Testing Laboratory for the counties of Napa, Sonoma, Marin, San Mateo and San Francisco. All new, reactivated and persistent "positive" tuberculosis patients are tested for drug resistant organisms.

During the 1963-64 fiscal year, funds are to be provided to remodel and furnish the tuberculosis laboratory section. These funds will provide a safety cabinet for the safe handling of live tuberculosis organisms and will give the needed working space for the laboratory personnel to accomplish their job.

TABLE II  
NUMBER AND PERCENTAGE OF TUBERCULOSIS SPECIMENS EXAMINED BY SOURCE

	<u>Number</u>	<u>Percent</u>
San Francisco Tuberculosis Survey (Department of Public Health Chest Clinic, private physicians, clinical laboratories, etc.)	4,331	49.8
San Francisco General Hospital	3,668	42.2
Hassler Health Home	<u>706</u>	<u>8.</u>
Total	8,705	100.

#### C. Other Services

The laboratory has provided services in the fields of parasitology, enteric bacteriology, food poisoning outbreaks, and in other areas of communicable disease concern. Examinations in parasitology increased by 30.2% and in enteric bacteriology by 14.7%.

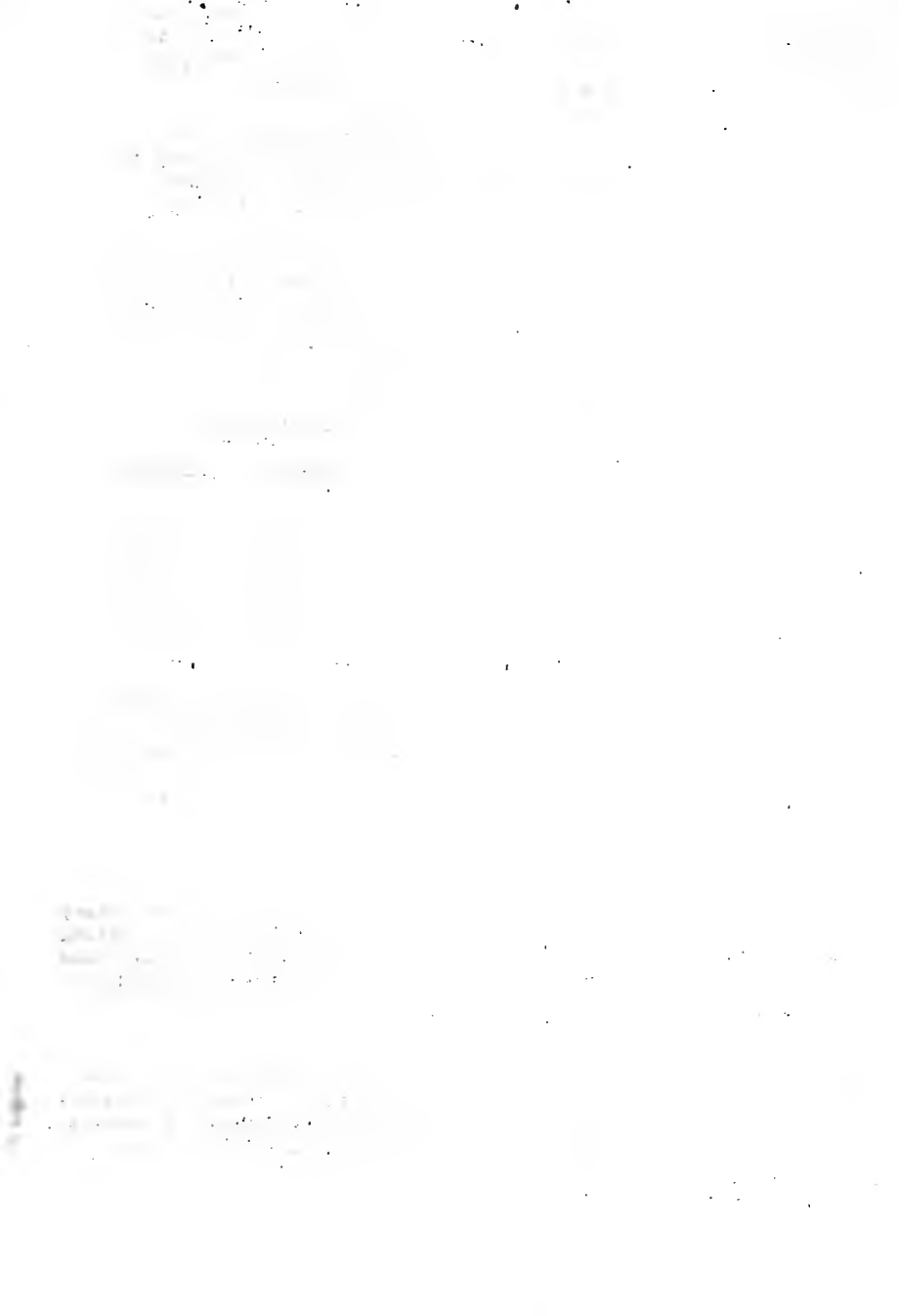
### SANITATION

#### A. Dairy and Milk Services

The laboratory provides the Bureau of Dairy and Milk Inspection with necessary testing services for various milk and milk products. The services include testing for the bacterial antibiotic content of milk. The number of examinations performed in this area during the last year was approximately the same as in the preceding year.

#### B. Housing and Sanitation Services

The laboratory provides services in this area for establishing the bacteriological quality of drinking and recreational water, cleanliness of eating utensils and the detection of pathogenic bacteria in food products. The number of examinations in this program area remain approximately the same as the previous year.





## PROBLEMS

There are more open positions in health departments for Microbiologists than can be filled by the number of yearly university and college graduates. This laboratory had three vacancies. In order to successfully compete for the available Microbiologists, it is necessary to have good working conditions, equipment, adequate compensation and a line of promotion. Good working conditions and increased efficiency would be obtained by construction of a new laboratory facility for the Health Department, with modern equipment for better work.

The office clerical staff has consisted of two clerk-typists over the past 35 years. They process laboratory reports and correspondence from both the Microbiology and Chemistry Laboratories, as well as file and compile statistical data. An increase of examinations and other work by both laboratories over these years necessitates the addition of either a clerk-typist at the Chemistry or Microbiology Laboratory just to keep up with the volume of work currently performed.

## SERVICES TO BE DEVELOPED

### FLUORESCENT ANTIBODY MICROSCOPY

Fluorescent antibody microscopy is a relatively new laboratory technique for the rapid and definitive identification of many disease agents. Techniques have been developed for this test and are either accepted or near being accepted as standard tests. Among the accepted tests are those for rabies, syphilis, gonorrhea, tuberculosis, diphtheria and pertussis.

The laboratory has recently received the necessary equipment to perform this technique, but currently does not have professional microbiologist time to continue both routine laboratory services and also initiate the fluorescent antibody tests. Current routine services will have to be evaluated and reduced in quantity and/or additional permanent personnel will have to be added.

Laboratory scientists have reported a fluorescent microscopy technique for the rapid screening of cervical smears for cancer. This technique will be evaluated by the laboratory in the coming year.

### TUBERCULOSIS

Techniques have been developed and employed in determining the drug susceptibility of tuberculosis organisms in the laboratory for currently used drugs. As new drugs are developed and employed by the physician to combat tuberculosis, the laboratory should develop ways of testing these drugs against the patients organisms to determine their susceptibility.

The concentration of anti-tuberculosis drug in the patients blood serum should be ascertained by the laboratory. This would assist the physician in determining the kind and amount of drug to be given his tuberculosis patients.

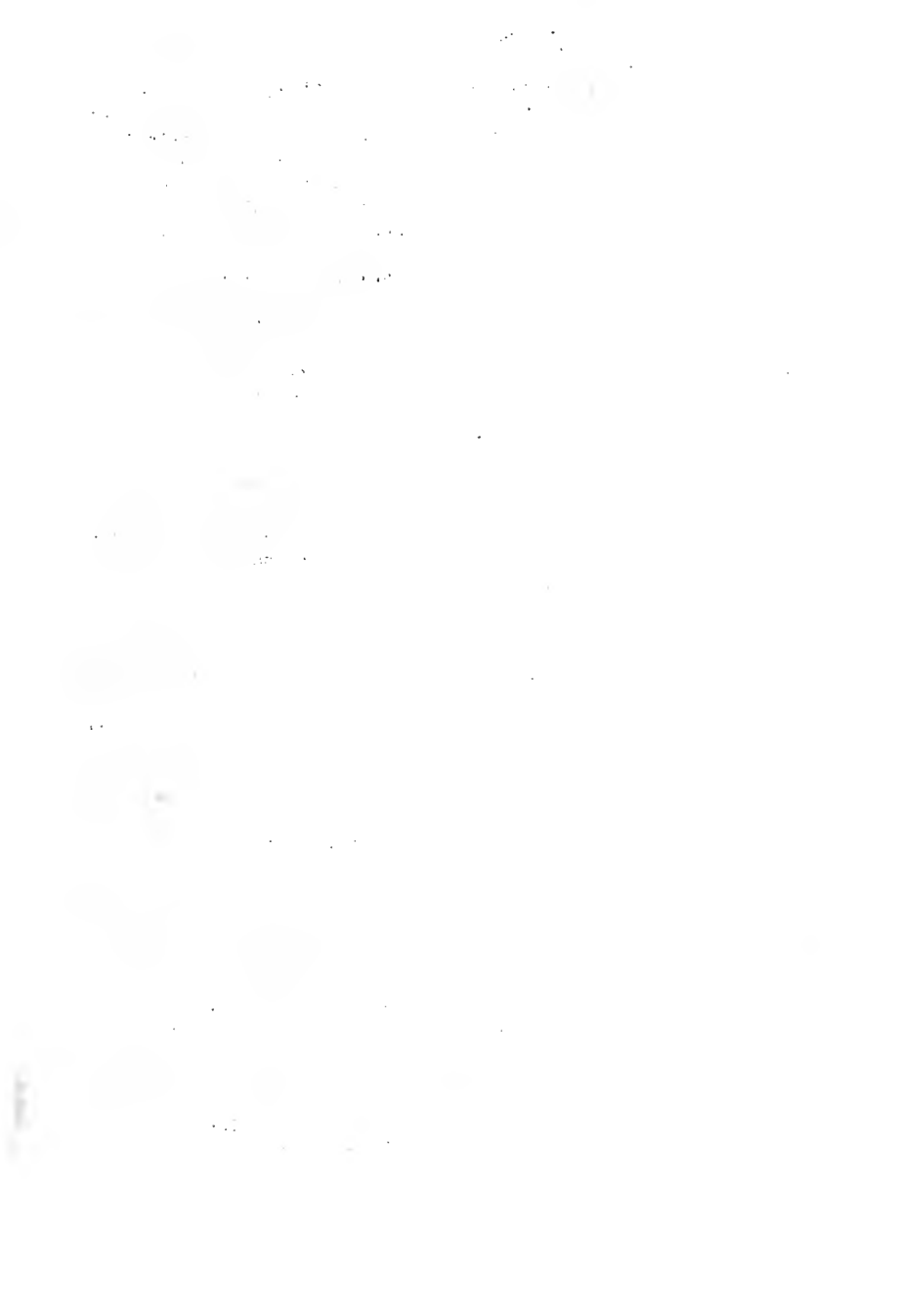
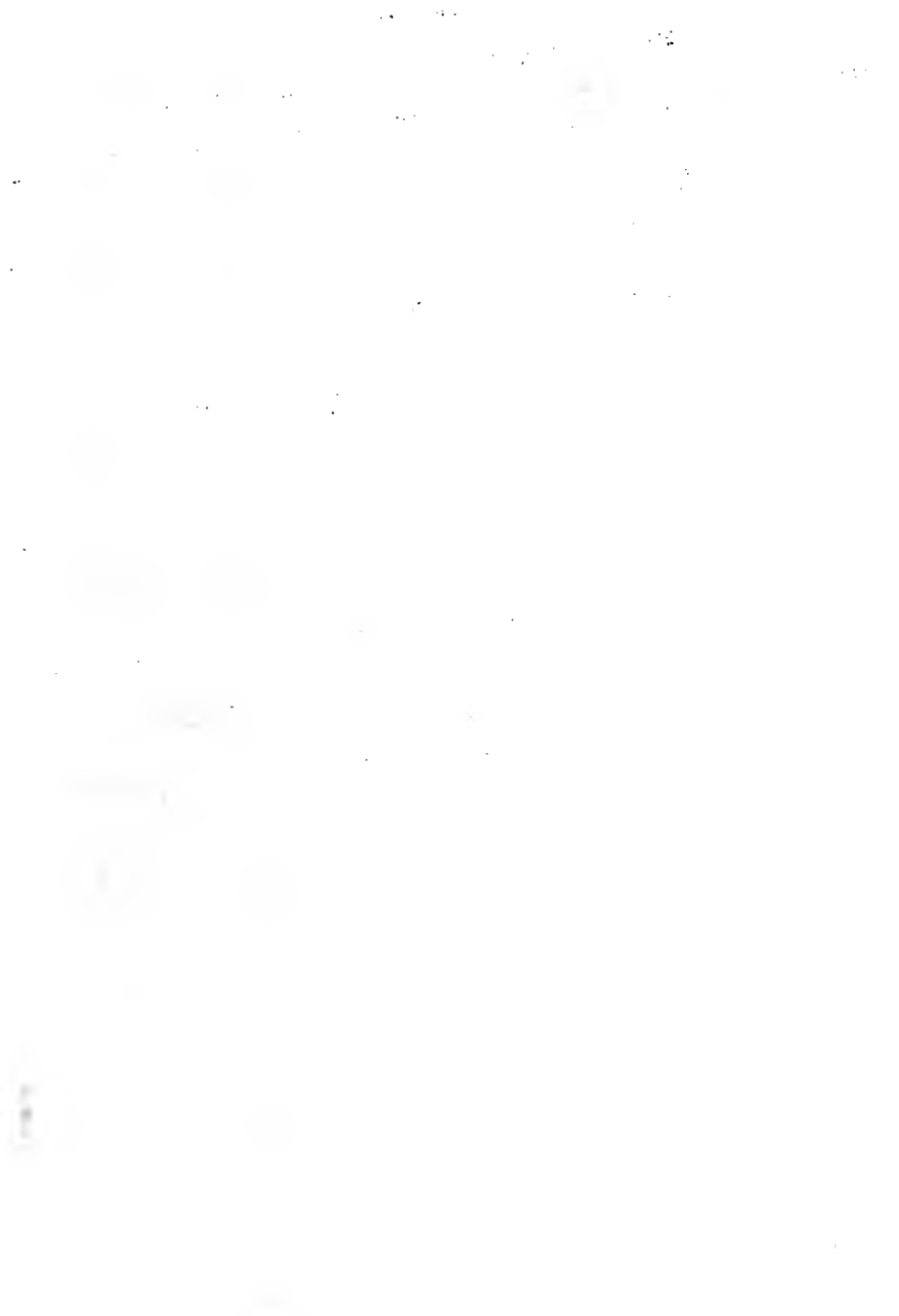


TABLE IIILABORATORY EXAMINATIONS BY YEAR AND PROGRAM AREA

	<u>1958-59</u>	<u>1959-60</u>	<u>1960-61</u>	<u>1961-62</u>	<u>1962-63</u>
<u>COMMUNICABLE DISEASE CONTROL</u>					
Venereal Disease Control					
Syphilis	64,864	67,938	66,898	69,922	73,999
Gonorrhea	21,698	21,565	21,494	22,822	25,384
Tuberculosis Control					
Microscopic	7,288	8,306	8,430	7,083	7,413
Culture	6,830	9,632	9,898	8,709	8,696
Drug Susceptibility	143	250	299	343	447
Other					
Enteric	2,104	1,040	1,149	474	544
Parasitology	905	1,047	1,041	195	254
<u>SANITATION</u>					
Milk	25,107	24,964	30,845	28,334	28,674
Water	2,390	2,744	3,482	2,688	2,719
Food	2,441	2,989	3,225	778	779
<u>MISCELLANEOUS</u>	740	731	562	3,269	3,153
Total	<u>134,501</u>	<u>141,037</u>	<u>147,401</u>	<u>144,617</u>	<u>152,062</u>

TABLE IVNUMBER AND PERCENTAGE OF LABORATORY EXAMINATIONS BY PROGRAM AREA1962-1963

<u>COMMUNICABLE DISEASE CONTROL</u>		<u>NUMBER</u>	<u>PERCENT</u>
Venereal Disease		100,119	65.8
Tuberculosis		16,556	10.9
Other (Parasitology, Enteric, etc.)		<u>1,136</u>	<u>.8</u>
Total		117,811	77.5
<u>SANITATION</u>			
Dairy and Milk		28,675	18.9
Sanitation and Housing		5,292	3.5
Water	(2,719)	(1.8)	
Glass and Utensils	(1,494)	(1.0)	
Food	(1,012)	(0.7)	
Other	( 67)	(0.1)	
Total		<u>33,966</u>	<u>22.3</u>
<u>OTHER</u>			
Hassler Health Home, Central Emergency, etc.		285	0.2



## CHEMICAL LABORATORY

The function of the Chemical Laboratory is to perform chemical tests and analysis for the Inspection Division of the Department of Public Health, the Police Department, the California Highway Patrol, the Emergency Hospital Service, San Francisco General Hospital, San Francisco Water Department, School Department, Society for the Prevention of Cruelty to Animals, and other departments requesting these services to maintain the health and welfare of the people of San Francisco.

In addition to providing analytical services, the Chemical Laboratory also establishes proof in obtaining the conviction of suspected violators of the Health regulations, and aids the official law enforcement agency in solving toxicological problems. A systematic check of foods, food products, milks, water and air is indispensable for safeguarding the community's health.

The addition of another Public Health Chemist to the staff of the Chemical Laboratory July 1, 1962 has enabled the laboratory to accept more samples and perform more comprehensive analysis on each sample.

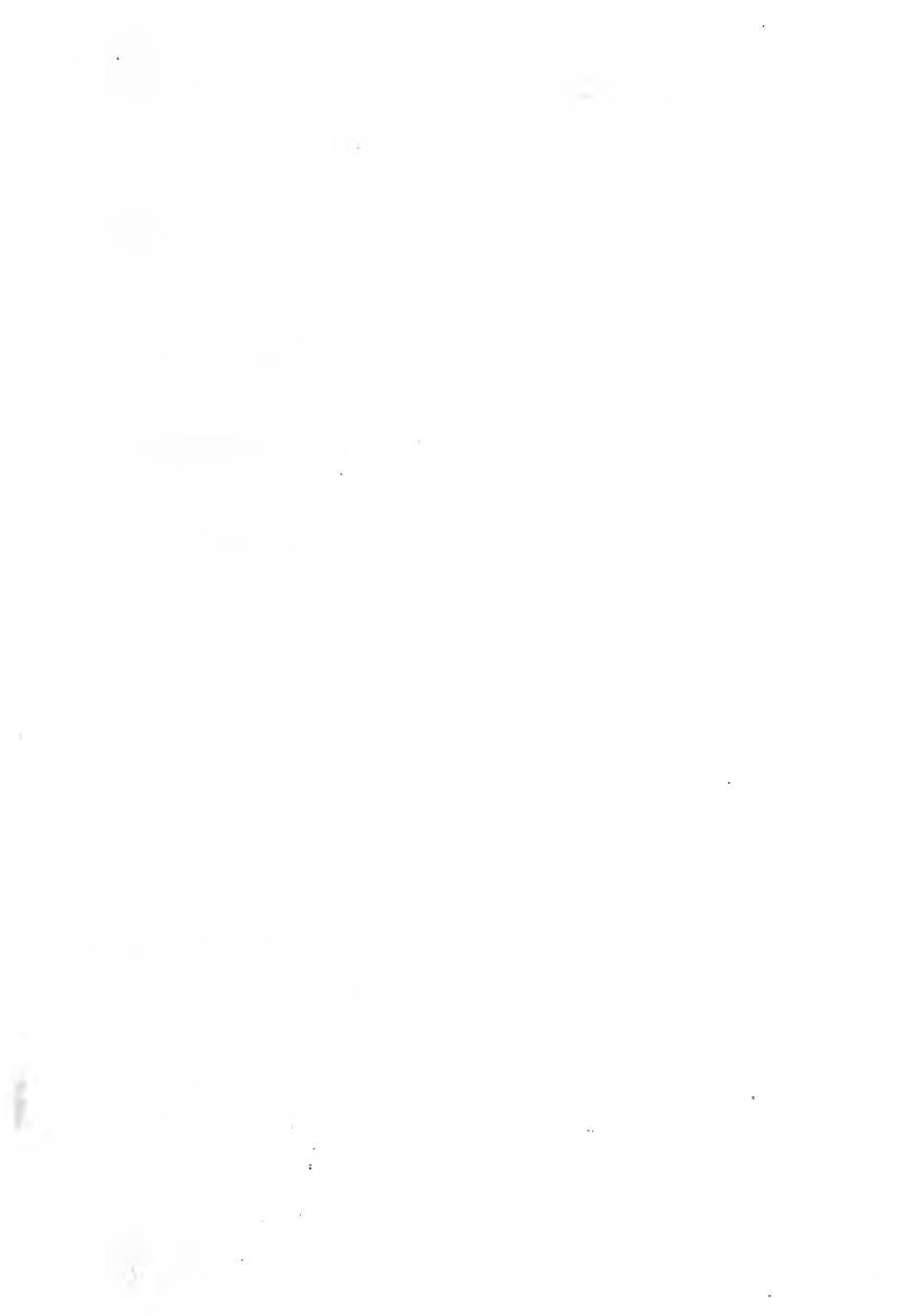
The Chemical Laboratory received a total of 7,729 samples and performed a total of 32,116 tests on these samples during the fiscal year 1962-63. This was an increase of 646 samples or 8.4% and 8,048 tests, or 25.1% over the last fiscal year.

<u>GROUP</u>	<u>NO. OF SAMPLES</u>	<u>TESTS PERFORMED</u>
Ground Meats	610	2152
Processed Meats	376	3019
Stomach Contents	967	5821
Urines	67	141
Toxicological specimens	364	2707
Waters	301	887
Sobriety Tests	619	3213
Drugs	172	865
Miscellaneous foods, e.g. salvage foods, food poisonings, etc.	151	860
Miscellaneous other products, e.g. paints, chemicals, solutions, etc.	52	238
Air Samples	1561	2406
Milks and milk products	2489	9807

There were a number of owners of retail meat markets arrested and fined this past fiscal year for adding too much fat and in some cases sulfite, a preservative, to their hamburger. There were a total of 610 ground meat samples submitted and of these, 48 had over the legal limit of fat, and 11 were adulterated with a preservative.

The number of processed meat samples, e.g. frankfurters, bologna, salami, corned beef, ham, etc., submitted for examination and analysis has almost doubled this past year. The analysis of processed meats are becoming more complicated as new and sometimes illegal products are added. This requires a greater number of tests, on the average, than previously; 3019 as compared with 1399 last year.

Fifty-two (52) samples of processed meats had more than the legal maximum of 3.5% non-fat dried milk; sixty-three (63) had too much added water; twenty-seven (27) had over the limit of fat allowed and miscellaneous adulterations were eight (8) making a total of 150 or 39.9% of the samples submitted.



Stomach contents (gastric washings) are submitted by the Emergency Hospitals from cases involving the ingestion of poisons taken accidentally or with suicidal intent. There were 435 positive toxic ingestions the last fiscal year, with barbiturates, for the first time, leading all others with 163. Aspirin was a close second with 156. Antihistamines, meprobamate and arsenic followed in that order. One of the problems that becomes more complex each year is the identification of the many drugs found in body fluids where there are no known tests. In many cases the chemist must work out his own method of identification on the known drug first, providing a sample can be obtained from the druggist, then try to isolate and identify it in the gastric washing or biological fluid.

With the addition of another chemist, there has been an increase also in toxicological examinations. Many more new drugs were identified and their spectral absorption determined. A rapid but comprehensive analysis of toxicological specimens, e.g., blood, urine, spinal fluid, etc., is a necessity in the treatment of emergency comatose patients. Instrumentation such as spectrophotometer, chromatography, etc. has enabled this laboratory to give the doctors at the San Francisco General Hospital this service. Most of the specimens were from patients admitted through the Emergency Hospital in a coma without history of cause. An immediate determination of whether a patient had or had not ingested a drug, the identification and quantity of drug in the body, assists the doctor in diagnosing and treating the patient, which can often mean the difference between life and death. The deletion of certain equipment from our budget last year has decreased the level of increase that our personnel are capable of providing.

Sobriety tests are samples of blood submitted by the San Francisco Police Department and the California Highway Patrol for the quantitative determination of alcohol in accident cases involving drunk driving. There were 16 court cases with a jury trial this last fiscal year, with a chemist testifying as an expert witness.

The determination of added water in milk has been revolutionized this past year due to the utilization of the Cryoscope (an instrument that determines the freezing point of milk to one-thousandth of a degree Centigrade, from which figure the percentage of added water in the milk can be determined). 192 of the milk samples or 14.2% showed adulteration with water ranging from 1% to 76% added water. Prior to the use of the cryoscope only about 10% of these samples would have shown added water. The old methods of analysis were not as sensitive or as accurate as the cryoscope. A routine cryoscope check on every sample of milk submitted to laboratory for analysis is standard procedure now. There were 3,712 freezing point determinations of milks on the cryoscope this fiscal year.

Among the miscellaneous samples submitted to the laboratory for examination and analysis were 55 samples of foods brought for detection of possible toxic chemicals in food poisoning cases; 62 samples of foods, mostly candy, for presence of insect infestation; 16 foods with foreign objects, all the way from cigaret butts in a carton of milk to a steel staple imbedded in a loaf of French bread; 7 hazardous substances, including 2 Easter ducklings suspected of containing lead and arsenic, "Hot Seat", a very dangerous pranksters toy, and paint scraped from walls, windows and furniture, for lead contents, in homes where children had developed lead poisoning, possibly from eating the paint.

The Chemical Laboratory continues to operate the SF-8 Air Pollution Station in collaboration with the State Department of Public Health and the United States Public Health Service, located in the laboratory, to determine the total oxidant in the air both by the phenolphthalein method and the potassium iodide method. Solutions are prepared and air samples are analyzed from the other two stations operated by the Department of Public Health.



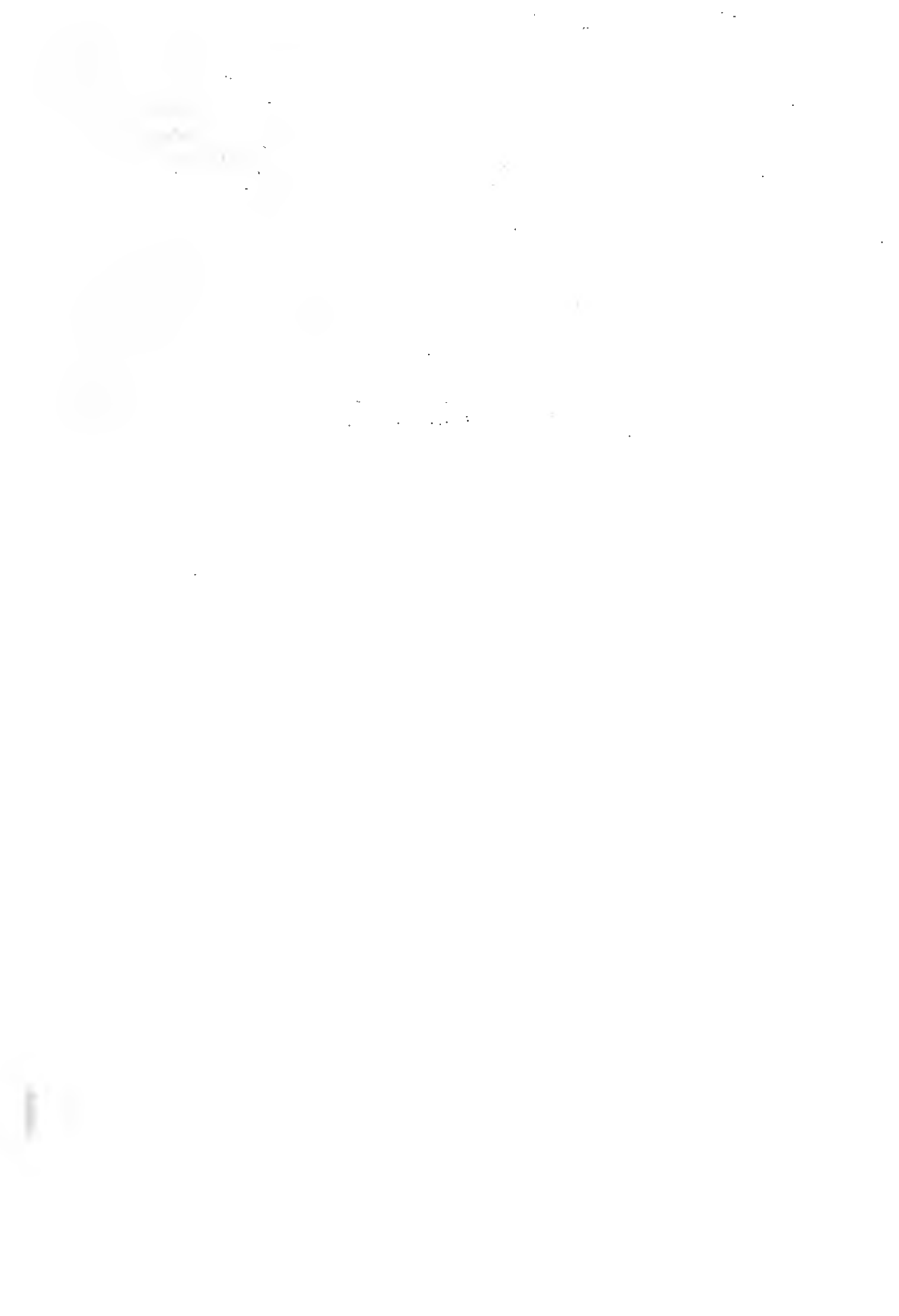


#### FUTURE PLANS OF THE CHEMICAL LABORATORY

Continue research of new methods, utilizing the spectrophotometer, chromatography and crystallography to increase the number of new drugs that may be identified in the toxicological specimens; also increase the accuracy of the identification and quantitation of these drugs. A beckman DK-2 spectrophotometer with automatic recorder and a Gas Chromatograph would greatly facilitate the above research. These instruments will again be requested in the next budget.

Expand the survey of milks sold in San Francisco for added water, using the Cryoscope.

Increase the number and scope of examinations and analysis of drinking water distributed in San Francisco by the San Francisco Water Department and privately in bottles by Alhambra National Water Company. The fluoride content of the water will be determined at least once a week instead of once a month to maintain a more detailed record of the fluoride level. Turbidity, color, pH, and, when necessary, odor and taste, would be routinely checked in water in addition to chlorides, alkalinity and hardness that are now determined.



## THE DISTRICT HEALTH CENTERS

### Functions of the District Health Centers

The neighborhood health centers of the San Francisco Department of Public Health have appeared one by one throughout the past fifty or more years because of the need to bring certain health services closer to the people near their homes. In this way, programs can be planned to meet the needs of the individual district, needs which are often very different from those of another part of the city. Locating the centers in the outlying areas also greatly decreases the amount of traveling that the staff must do.

At the present time, the City is divided into nine health districts. There are eight separate district health centers, the staff of the ninth being housed in the Central Office building at 101 Grove Street. The present centers are located in various types of buildings. Several are housed in inadequate old stores, two are located in buildings of the Housing Authority. Each Health Center is staffed by:

- 1 District Health Officer, a full-time physician
- 1 or 2 part-time physicians
- 1 supervising public health nurse
- 12 to 15 staff public health nurses
- 1 porter (janitor)
- 1 clerk-stenographer
- Part-time dental and mental health personnel

### Activities of the Health Centers

Most of the services offered by the district health centers are those carried out by the public health nurses. These include well baby clinics, immunization clinics, school health programs, communicable disease control, parents' classes, and home visiting for guidance and supervision for expectant mothers, newborn infants, handicapped and emotionally disturbed children, and homebound patients with tuberculosis and other chronic illnesses and disability. In four of the health centers, limited dental care is offered for indigent children through age eight.

The health centers also serve as a very important source of information and health education for the people of the district. Another important activity is the provision of field experience for student nurses from the various nursing schools in the area and observation experiences for medical students, psychiatric residents, nutrition students, and many others.

The activities in the health centers change as the health needs of the community change. The epidemics of contagious disease of a half century ago were relatively simple problems to control as compared to the scourges of juvenile delinquency, emotional and mental diseases, illegitimacy, venereal disease, cancer and degenerative diseases that plague society today. It was not difficult to demonstrate the results of efforts to control an outbreak of smallpox; statistics readily showed the number of cases, the measures to isolate, the numbers vaccinated, and the subsequent drop in the attack rate. It is far more difficult to document the results of programs to reduce juvenile delinquency or chronic disease, many and varied techniques are used to attack the problem and results are recorded only over a period of years.

Since public health nursing time is not unlimited, priorities must be established in order to make the best possible use of that time. The district nurses spend what may seem to be a disproportionately large part of their time working with

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

[illegible]

children, who make up only 20% of the population. But the nurse does not work with a child alone but with the entire family and contacts and, if a school child, with the school personnel. The entire school health program in the San Francisco schools, both public and parochial, is provided by the Department of Public Health.

Good health services for children of the community are essential. Children are amenable to educational techniques, their habits are not fixed. The good habits of hygiene and nutrition that they acquire in their youth will have long range benefits for themselves and their families. Children are susceptible to a host of acute conditions for which preventive measures are most successful. Treatment of a deformity in childhood may prevent a whole lifetime of disability and dependency. Wise counseling for an emotionally disturbed child can guide him and his family to seek the help that may prevent serious mental illness later on. Many of the ills of the elderly today are the result of poor habits and care in their youth.

The nurses are spending more and more of their time with the elderly and the chronically ill. Because of the high cost of hospitalization and nursing home care, it is an economic necessity that as many as possible of these people be maintained at home. At the present time, a project supported by Federal funds is helping the nurses of one health center to establish new ways to serve the families with problems of aging or long term illness.

#### The present Health Districts

<u>Name</u>	<u>Location</u>	<u>District Population</u>
Alemany	Onondaga at Alemany Blvd.	75,000
Central	101 Grove Street	81,000
Eureka-Noe	Sanchez at 18th Street	78,000
Hunters Point	190 Hilltop Road	49,000
Marina-Richmond	2303 Greenwich	121,000
Mission	2300 - 23rd Street (S.F.Gen. Hosp.)	71,000
North East	799 Pacific Avenue	93,000
Sunset	1990 - 41st Avenue	130,000
Westside	2201 Sutter Street	46,000

#### Alemany District

The Alemany District covers the central part of the southern border of the City. It is a predominantly residential area for middle and low income families. 11% of the population is non-white.

The Health Center shares an old building with the Alemany Emergency Hospital. It provides barely adequate quarters for the present staff but there is no room for additional staff or new activities. To care for the very large pre-school population, five Child Health Conferences each week are held in the Center. Two additional Child Health Conferences are held in outlying areas, one in Visitacion Valley and one in the Sunnydale Housing Project.



The fifteen staff nurses carry a heavy load of maternity, tuberculosis, and chronic disease cases in addition to serving the 26 schools in the district. Recently, the Sunset Health Center Project for the Chronically Ill has been expanded to the Alemany District.

#### Central District

The Central District includes the South of Market area and an area north of Market Street to Fulton and Stanyan. The Health Center is located on the first floor of the Central Office building at 101 Grove Street. The very dense population of the area includes a high percentage of elderly single men living alone in cheap rooming houses and hotels. These men present serious public health problems of poverty, alcoholism, tuberculosis, chronic illness and suicide. The death rate for this district is the highest in the city. The families living in the district are mostly very low income or welfare recipients with numerous problems. The children in the fourteen schools in the district need more than average nursing service because of the poor care they receive at home. Many are actually neglected.

#### Eureka-Noe District

The Eureka-Noe district is located in the center of the city between Valencia Street and Twin Peaks. The Health Center is housed in an old store building at 498 Sanchez Street, which is in very poor condition and hopelessly inadequate, even for the present staff. Funds have been appropriated by the Board of Supervisors and allocated by the State Department of Public Health for the construction of a new health center next year.

The population of the district is predominantly Latin-American and an increasing number of Negro residents. Families are large and there is considerable crowding. The average income is low and there are many recipients of welfare programs. The 24 schools require considerable nursing time because the children receive little private medical care. An increasing amount of nursing time is being spent with the chronically ill and aging population.

#### Hunters Point District

The Hunters Point District occupies the southeastern corner of the city. The area is hilly and divided into many areas that are not readily accessible to each other. About one-fifth of the area is occupied by light industry, military installations, dumps, and unreclaimed land. About one-half of the population live in Housing Authority Projects.

The population of the district is the youngest in the City. 50% of the residents are under 25 years of age and only 6% are over 65. One-fourth of the population is Negro. The birth rate is the highest and families are very large. 17% of the families have only one parent. One-fourth of the city's ANC cases live in Hunters Point. The rate of infant deaths, prematurity, tuberculosis, and venereal disease are all high. Many of the maternity patients deliver at the county hospital and all of these women are visited by the public health nurses. Few families can afford private care, so the needs of the children in the 19 schools are great.

The present Health Center is located in a "temporary" Housing Authority building on a hill on the extreme northeast corner of the district. Public transportation to the center is poor, so three weekly Child Health Conferences are held in substations in other parts of the district.





### Marina-Richmond District

The Marina-Richmond District includes the Richmond district and the Marina area north of California. The Health Center occupies an old store building that is too small and very inconvenient for normal activities. The residents of the district are largely native white Caucasians. There is a small colony of Russians, some Orientals and immigrants from the Middle East. The family incomes are in the middle and low-middle range. The public health problems are handicapped or emotionally disturbed children, tuberculosis, and chronic disease in the older residents. There are 27 schools in the district. One Child Health Conference each week is held in the Health Center, another is held in a substation at 18th Avenue and Geary.

### Mission District

The Mission District lies between Valencia Street and the Bay. The population, most of whom are in the low income group, include 12% non-white and 22.8% Spanish-speaking people. The population is relatively youthful, 11.6% are under age 5. The housing in most of the district is in poor condition with a high percentage of rental units. The marked transiency of the population makes working with them very difficult. 25% of the expectant mothers of the district deliver at the San Francisco General Hospital.

The Health Center is located in a converted first floor ward of the Tuberculosis section of San Francisco General Hospital. Its access is inconvenient and the arrangement of the rooms is not suitable for Health Center activities. Five Child Health Conferences per week are needed to care for the large preschool population. The 24 schools in the district include the Sunshine School for the handicapped children from all over the City.

### North East District

The North East District covers the area of the City between Van Ness Avenue and Market and includes the downtown area, Chinatown, and North Beach. The area is very densely populated with a very great variety of people, from the rich of Nob Hill to the near-destitute, elderly Chinese men living in Chinatown. 34% of the residents are non-white, mostly Chinese. There is a high percentage of older people, the death rate is high and the birth rate is the lowest in the city. Tuberculosis among the Chinese is very high and suicide and cirrhosis of the liver are other serious problems in this group.

The Health Center is located on the first floor of the Ping Yuen Housing Project. Three Child Health Conferences per week are held in the Health Center and one in the Telegraph Hill Medical Center. A unit of the Chest Clinic is held in the Center once a week to care for the large number of tuberculosis patients in the area. All of the Center activities are hampered by the fact that there are so many clients who do not speak English, and much time is expended in interpreting. The recent influx of refugees from Hong Kong has added to the health problems of the district.

### Sunset District

The Sunset District occupies the land south of the Golden Gate Park and west of Twin Peaks. The population is almost entirely Caucasian in the middle and low-middle income brackets. Most of the residents live in single family homes or in relatively expensive apartments. Because the population is older, the death rate, though low for the city, is considerably higher than the average for California. Tuberculosis and chronic disease are the principal public health problems.



The Health Center is located in a nine year old building constructed for that purpose. It is in good condition, but not large enough even for present needs. The two Child Health Conferences a week serve families of State College students, low income groups from the northern border of the district, and some of the unusually large families found in this particular cultural group. The 35 schools in the district occupy a large part of the 15 staff nurses' time.

February of 1962 saw the beginning of a project, supported by Federal funds and in conjunction with a voluntary agency, for the Coordination of Services for the Chronically Ill. The funds were used to add a social worker to the staff and to pay for some homemakers to assist the chronically ill in their homes. As a result, there has been a tremendous expansion in the services to these families and this has enabled many chronically ill people to stay at home rather than be hospitalized. An extension of the project for three more years has been requested of the Federal Government, and if approved, the services for this group of people will be expanded into several other Health Centers.

#### Westside District

The Westside District is the area often called the Western Addition, that lies between California and Fulton Streets. It is a small area but it has the most serious public health problems in the city. 45% of the population is Negro, 10% is Oriental, mostly Japanese. Housing is very poor throughout the district. Many buildings have been leveled for the redevelopment of the area, increasing the already marked transiency of the residents. The education level and income level of the people are very low, and there are many on welfare.

One-third of the mothers deliver at San Francisco General Hospital, and many have had no prenatal care. Prematurity and illegitimacy are very common. The venereal disease rate is the highest in the city. Tuberculosis is high and follow-up of these patients is difficult because of their mobility.

The Health Center is located in a dilapidated store building that is actually hazardous and does not allow for adequate services in an area where they are badly needed. A unit of the Chest Clinic was established a year ago, so follow-up of the tuberculosis patients has improved considerably. Funds are being requested of the State Department of Public Health to construct a new health center in the Redevelopment area.

#### NEEDS AND RECOMMENDATIONS

1. Nursing Time -- there have been no additional nurses added to the staff for several years. Though the total population of the city has decreased, the need for public health services has increased. Middle-class people have moved out of the city and their places have been taken by families in the low income group, often with many children and many problems. The school age population has grown steadily and is expected to continue to increase, at least for the next 3 to 5 years.

2. School Health Program -- this program is very important and necessary but it takes up a disproportionately large share of the staff nurses' time and does not allow enough time for services to the rest of the population. The school health program will be carefully reviewed by representatives of the Department of Public Health, the Unified School District, and the Archdiocese of San Francisco Department of Education.



3. Libraries -- none of the health centers has any recent reference books for the use of the staff. Such reference texts are especially needed now that the staff is serving more and more of the elderly and chronically ill with a great variety of diagnoses.
4. Equipment -- most of the health centers need adding machines and new typewriters. If the centers are going to participate in any of the screening programs for cancer and other chronic illnesses, adult-size examining tables and other types of equipment will be needed.
5. Social Workers -- the Sunset Project has clearly demonstrated how much the social service is needed in the districts. The elderly and the patients with long term illness all have social as well as medical problems and a social worker in the Center would be very helpful to the clients and to the staff.
6. Space -- none of the present health centers provides adequate space for staff or activities and will allow no additions to the staff or expansion of services. More space is needed in order to decentralize some of the present Health Department programs, such as sanitation and housing inspection, and to develop badly needed services in accident prevention, occupational health and other services for adults. The following is a resume of the planned reorganization of the districts and the new Health Center buildings:

#### THE PROPOSED NEW HEALTH CENTERS

The Department of Public Health has been working for several years with the Department of City Planning and the State Department of Public Health on a plan to build the modern facilities necessary to bring up-to-date public health services to the public. The result is the proposal to re-district the city into five major districts and to build five new health centers.

The proposed districts and their estimated populations would be:

1. Eureka-Noe	136,700
2. Westside	161,200
3. Downtown	119,200
4. Bay View	145,200
5. Sunset	182,700

The larger districts, of at least 100,000 population, are necessary in order to qualify for Federal funds, under the Hill-Burton Act, and other funds from the State Health Department to partially offset the cost of the new health centers. Each district will be relatively autonomous under a District Health Officer, with its own team of physicians, nurses, and sanitarians under qualified supervision, who can provide each respective area a well-balanced public health program designed to meet the needs of that particular district.

The new health centers will permit decentralization of many services which are presently available only at the Central Office and will make it possible to introduce new services not now available anywhere within the department:

1. Food inspection and sanitation services, including inspection of housing. At present, the inspectors all work out of the Central Office and much time is lost in travel. Having the inspector in the health center for certain hours will promote better utilization by the public.
2. Decentralized chest clinics.



3. Mental health services.
4. Training programs for student nurses, medical students, and residents in the problems of community health.
5. Services for the chronically ill, including homemakers and home care programs.
6. Dental services.
7. Health education.
8. Screening for various chronic illnesses.
9. Possibly some decentralization of outpatient services of the San Francisco General Hospital.

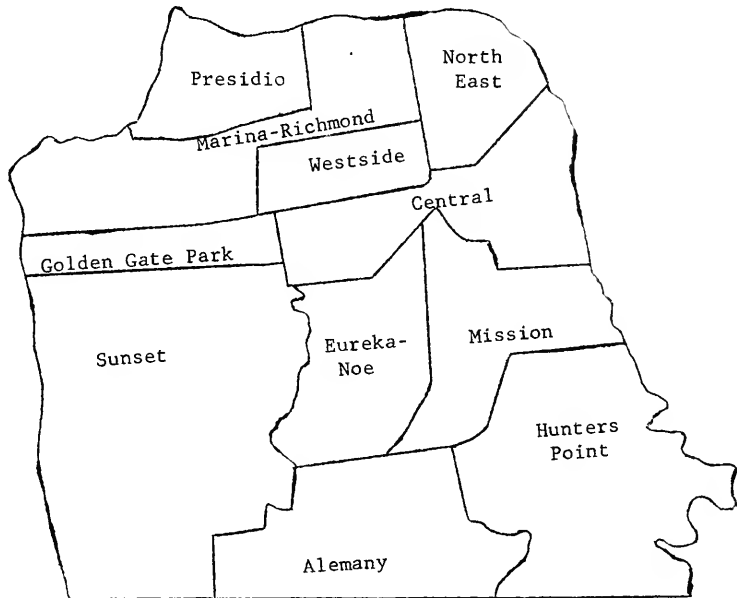
The decentralization of the public health and preventive services of the department will result in increased efficiency of operation through better coordination and direction of personnel in the field and decrease of travel time from the assigned headquarters to the area served, modern facilities for the diagnosis of both communicable and non-communicable diseases which are preventable, and the serving of the public at conveniently located centers. Such decentralization will tend to bring the public health department staff, neighborhood organizations, and other voluntary groups into a closer working relationship.

At the present time, funds have been approved for the new Eureka-Noe Health Center which will be built on Seventeenth Street between Pond and Prosper Streets. It is anticipated that ground will be broken for the building in the spring of 1964. It is hoped that funds will be available soon for the Westside Health Center. Plans are already being made for Bayview (Alemany-Hunters Point district. As far as Hill-Burton funds are concerned, it has the No. 1 priority in the State for a health center.

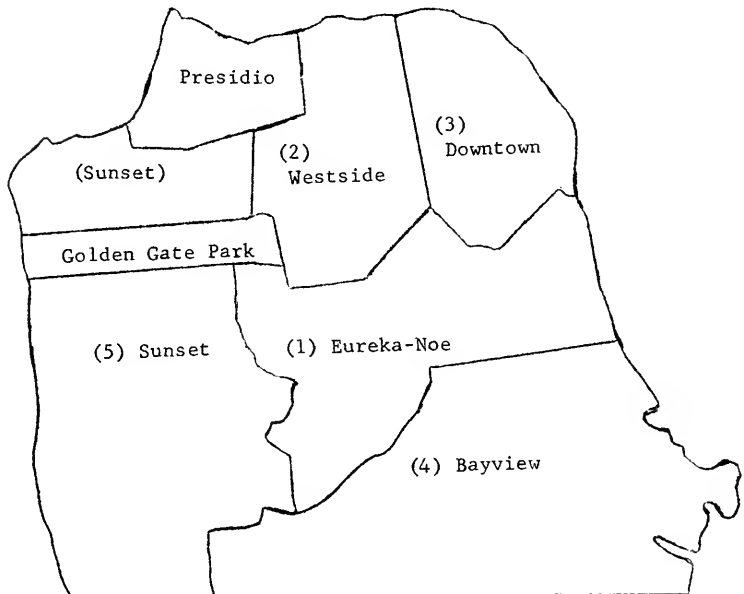




THE PRESENT NINE DISTRICTS



THE PROPOSED FIVE DISTRICTS





### NALLINE CLINIC

The Department of Public Health provides medical services for the Nalline Clinic, which is operated in conjunction with the San Francisco Police Department. This clinic was established in July, 1959, for the purpose of assisting the Police Department and other law enforcement agencies in the control of persons addicted to or suspected of being addicted to narcotics.

The physician, after examining the patient, injects a small amount of a narcotic antagonist, Nalorphine Hydrochloride (Nalline - Merck, Sharpe & Dohme). The drug will produce in a normal patient limited symptoms and signs. In a person, however, who is addicted to narcotics and who has recently taken such narcotic, the injection of this same small amount of nalorphine will produce immediate severe symptoms and signs characteristic of withdrawal symptoms, which a narcotic addict would normally undergo only after several hours or perhaps several days of being without narcotics. The purpose of this test therefore is to determine whether suspected narcotic violators, those who have been convicted and are under probation, or those who have been convicted and paroled, have returned to their former habit.

The total number of persons examined in this clinic in the fiscal year 1962-63 was 5,579, an increase of 7% over the 5,202 tested in the previous fiscal year. Of those examined 5,339 (95.7%) were males and of these 12 had positive tests; 240 (4.3%) females were tested and of these 5 had positive tests.

Of those examined, 34 were referred directly by the Police Department, 976 were referred by the Adult Probation Officer, and 4,457 were parolees referred by the Adult Authority under the Superior Court. In most instances such parolees, as well as those on probation, were given their freedom with the condition that they report periodically to this clinic. The small balance of the patients were referred by the California Youth Authority, the Department of Motor Vehicles, and other agencies.

Of the various cultural groups of the 5,579 examined, 2286 (40.9%) were caucasian, 1675 (30%) were colored, 802 (4.2%) were Mexican, 736 (13.2%) were Oriental, and 80 were of other origin.



PURPOSE AND SCOPE

The General Hospital is responsible for supplying acute medical and surgical care to the medically indigent residents of the City and County. It functions as a part of the curative or therapeutic Medical Section of the Department of Public Health, and as such is directly under the Assistant Director of Public Health, Hospital Services. For the second consecutive year, San Francisco General Hospital was one of the very few hospitals in the United States to fill their quota of interns and residents. To a large extent this was due to the excellent cooperation of the City administration in providing the budgeted funds for equipment, facilities and personnel. Although there was an increase in funds appropriated for these purposes, effective, efficient operation of this institution will of necessity require further additional requests for such appropriations in the areas of equipment, plant facilities, and additional personnel.

PROGRAM ACTIVITIES

Patient Statistics. For the fiscal year 1962-63 our patient day load was almost the same as during 1961-62. The total patient days were 303,306 as compared with 303,391 for the previous fiscal year, a decline of less than 1%. Total admissions and births were 21,193 as compared with 21,451, a decline of approximately 1.2%.

Medical Aid to Aged. On January 1, 1962 the State program covering qualified applicants over the age of 65 was put into effect. This program will pay the full costs for all eligible patients in this institution from the date of admission, when declared to be so eligible by the Department of Public Welfare. During the fiscal year 1962-63 we billed the Department of Public Welfare for approximately \$720,000.00, representing 1,989 cases. Of these billings approximately \$717,000.00 was collected on 1,914 cases. A collection rate of over 96% on the billings submitted under this program.

The Oral-Surgical Unit. After several years of study, plans have been completed and work has been started on the new location for the oral-surgical unit of the hospital. The enlarged quarters will be located in the main corridor of the hospital opposite the Medical Records library. This new location will include facilities for in/outpatient care, and laboratory services. It will be fully equipped and will provide adequate working space for two full-time oral surgeons and five full-time residents. For the first time in the history of the hospital, facilities will be provided for the making and repairing of dentures and other oral-surgical prostheses.

Building 60 Remodeled. With the completion of the remodeling of Building 60, Ward #64 was opened to accommodate female psychiatric treatment cases from Ward 95. This transfer has alleviated effectively the overcrowded condition which existed in this area, and has increased the number of beds available for male patients in the psychiatric unit. Additional personnel have been requested to permit the opening of the two remaining wards in this building for the accommodation of either tuberculosis patients now hospitalized at Hassler Health Home, or sub-acute, or chronically ill patients awaiting discharge or transfer to other hospital facilities.

Food Service Section. During the fiscal year the main kitchen area was provided with a new modern cooking range, a new indirect lighting system, and an improved ventilating system. These needed changes have brought about a considerable improvement in the operation of the Food Service Section.



Security Police Staff. Through the cooperation of the Personnel Department of the Civil Service Commission, the first two of a proposed eleven man security police force have been added to the hospital staff. The remaining positions will be filled as rapidly as qualified Civil Service candidates become available.

Irwin Memorial Blood Bank Contract. With the completion of contractual arrangements with the Irwin Memorial Blood Bank for the handling of all blood donors to this hospital, the laboratory for the typing and cross matching of blood for patient use was transferred to the central laboratory. In addition, a call-for and delivery service for blood units for hospital patients was installed. This has improved considerably the efficiency and safety of this operation.

Transfer of Personnel to Department of Public Works. Another example of the close cooperation and flexible relationship maintained between the hospital and other City departments was the completion of the transfer of all of the skilled mechanics in the maintenance departments, and all of the grounds personnel, to the Department of Public Works. This change is designed to foster a more efficient operation in the maintenance of the hospital plant, equipment, and grounds, through the elimination of duplication of service, and the centralization of these operations. It is intended to provide the hospital with a broader group of trained, skilled personnel as needed.

Barnett-Briggs Library. The addition of an assistant librarian and enlarged quarters has brought about a much desired improvement in the services offered by the library. In addition, funds have been provided for the employment of student library assistants to permit keeping the library open in the evenings and on the weekends. At present there are over 5700 catalogued texts available in the library. Attached charts show increased usage in various phases of library activities.

#### FUTURE PLANS

In order to provide still better patient care in the surgical suite, plans are being readied for the renovating and enlarging of this unit. Specifically, these plans are concerned with (1) the enlarging and modernizing of the recovery room area, and (2) providing safer methods for transferring patients between the wards and surgery. An additional safety factor is also included in these planned improvements in the providing of controlled dressing room facilities for the surgical staff.

Completion of a lease program for specific items of X-Ray equipment will insure the use of the latest and most efficient types of X-Ray equipment in patient care. Effective placement of this equipment will require revising, and possibly enlarging the X-Ray Division.

For the purpose of promoting a more efficient cafeteria operation, a survey has been requested from the Bureau of Architecture, Department of Public Works, for the possible renovating of the two staff dining rooms. It is hoped that by the introduction of more modern cafeteria techniques, some of the present dining room personnel might possibly be reassigned by reclassification to other areas of the hospital which are at present understaffed by reason of increased work loads.





AVERAGE PATIENT OCCUPANCY BY MONTHS OVER A THREE YEAR PERIOD

MONTH	F I S C A L   Y E A R S		
	<u>1960-61</u>	<u>1961-62</u>	<u>1962-63</u>
July	830	814	823
August	823	802	875
September	817	801	852
October	842	808	847
November	877	824	826
December	858	821	803
January	886	865	842
February	871	891	848
March	833	864	833
April	813	842	828
May	802	835	817
June	799	798	801

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BARNETT-BRIGGS LIBRARY  
SAN FRANCISCO GENERAL HOSPITAL

STATISTICAL SUMMARY 1962-63

	<u>1961-62</u>	<u>1962-63</u>
Circulation (totals)	<u>4895</u>	<u>6510</u>
Books		3711
Serials		2799
Interlibrary loans received	207	226
Volumes received (totals)	<u>1896</u>	<u>1565</u>
Purchase	385	759
Gift	1511 (includes Chico collection)	549
Binding (serials)		257
Total volumes in Library	<u>4160</u>	<u>5725</u>
Books	2610	3391
Serials	1550	2334
Number of current serials received	<u>161</u>	<u>238</u>
Subscriptions	102	141
Gifts	59	87
Chico State College		10
Books catalogued:		
Titles	662	639
Volumes	795	811
Student assistance	1170 hours	1320 hours
Volunteer help	528 hours	587 hours
Chico State student		165 hours

A full-time library assistant was appointed March 25 under the UC Medical Center

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BARNETT-BRIGGS LIBRARY  
SAN FRANCISCO GENERAL HOSPITAL

FINANCIAL REPORT 1962-63

<u>Books</u>	<u>1961-62</u>	<u>1962-63</u>
San Francisco City and County	\$5,000.00	\$5,000.00*
U.C. Medical Center	1,750.00	1,200.00*
Cardiovascular Board	<u>250.00</u>	<u>          </u>
	\$7,000.00	\$6,200.00
<u>Serials</u>		
San Francisco City and County	\$1,175.00	\$1,765.88
Cardiovascular Board	<u>320.00</u>	<u>3,422.62</u>
	\$1,495.00	\$5,189.50
<u>Total:</u> books and serials	\$8,495.00	\$11,389.50
Binding		\$1,125.00 (est.)
Supplies (miscellaneous)	\$ 150.00 (est.)	\$ 100.00 (est.)
Library of Congress Cards		57.30
Equipment (City and County)	200.00 (typewriter)	125.00 (kardex)
U.C. Medical Center		841.57 (tables & chairs)

\*Includes some serials.



## LAGUNA HONDA HOSPITAL

The recent changes in the nature of Laguna Honda Hospital and its increasing ability to serve the public as a hospital are demonstrated in the following comparative report. As Laguna Honda Hospital has been transformed from an ambulatory patients residence into a fully equipped hospital and rehabilitation center, a greater number of hospital patients are being cared for and the bed and physical plant capacities are being more fully utilized toward this end.

### PERCENTAGE OF OCCUPANCY

Between November, 1962 and February, 1963 the bed capacity of Laguna Honda Hospital was increased by a total of 68 beds due to the opening of new wards and the addition of beds within existing wards. The bed capacity was increased in November 1962 from 1801 beds to 1837; increased again in December, 1962 from 1837 to 1871; finally adjusted to our current bed capacity of 1869 in February, 1963. These figures illustrate our change in emphasis from custodial care to the care of the chronically ill and the rehabilitation of the physically handicapped and aged.

#### Comparison of Bed Occupancy Fiscal Years 1961-62 and 1962-63

Service	Aver.No. of Patients for		Max.Rate of Occupancy for		Act.Rate of Occupancy for		Aver.% of Occupancy for	
	1961-62	1962-63	1961-62	1962-63	1961-62	1962-63	1961-62	1962-63
Reg. Hosp.	763.2	843	280,320	307,985	278,619	307,613	99.40	99.88
Mental	210.	210	79,570	77,745	76,635	76,579	96.31	98.50
Rehabilita- tion	67.5	60	25,915	27,375	24,647	21,946	95.11	80.19
Modified	619.3	593	265,720	259,880	226,071	216,419	85.08	83.28
Total	1660.0	1706	651,525	672,985	605,972	622,557	93.00	93.00

Corresponding to the increase in bed capacity, the total patient days for the fiscal years 1961-62 and 1962-63 show an increase of 16,585, from 605,972 to 622,557 in 1962-63. The analysis shows that all increase has taken place in Regular Hospital days, while Ambulatory and Rehabilitation patient days have decreased. The decline in Rehabilitation patient days should be explained. The fiscal year 1962-63 started the State program which is accounted for separately. Our own Laguna Honda Hospital Rehabilitation Program is included within the Regular Hospital census. The following schedule is a comparative patient day analysis of the fiscal years 1961-62 and 1962-63.





COMPARATIVE PATIENT DAY ANALYSIS  
Fiscal Years 1961-62 and 1962-63

Service	1961-62	1962-63	Increase or Decrease	Percent of Increase or Decrease
Regular Hospital Beds	278,619	307,613	28,994	11.00
Rehabilitation Beds	24,647	21,946	-2,701	-11.00
Mental Ward Beds	76,635	76,579	- 56	.00
Ambulatory (Modified)	226,071	216,419	-9,652	- 4.00
Total	605,972	622,557	16,585	3.00

The average number of patients in Laguna Honda Hospital at the end of the fiscal year had increased by 46 from 1660 in 1961-62 to 1706 in 1962-63. The highest average number of residents recorded at one time was 1769 in May, 1963. In August, 1962 the lowest number of patients, 1659, was recorded. With the increase in patients came increases in the admission and discharge activities of the hospital.

ADMISSIONS AND DISCHARGES

The total number of admissions increased from 927 in 1961-62 to 1058 in 1962-63, an increase of 11.4%. The admissions were distributed among the sections of the hospital as follows:

Number of Patients Admitted to:

Regular Hospital Wards	574	54%
Modified Hospital "	292	28%
Rehabilitation Wards	<u>192</u>	<u>18%</u>

Total Patients Admitted 1058 100%

This analysis shows that approximately 54% of Laguna Honda Hospital's admissions go directly to a Regular Hospital Ward. Of the 1058 admissions, 702 or 67% were admitted through San Francisco General Hospital; the remaining 356 or 33% were admitted through the Department of Public Health or directly by Laguna Honda Hospital.

The number of discharges for all reasons including death was 978 for 1962-63 as against 897 for 1961-62, an increase of 81. However, the number of deaths decreased by 9 from 303 in 1961-62 to 294 in 1962-63. Of the 978 patients discharged, 343 or 35% went to San Francisco General Hospital. Laguna Honda Hospital therefore alleviated San Francisco General of a net total of 359 patients in 1962-63. The following table gives the number of patients discharged for each reason:

Reason for Discharge:

Death	294	30%
San Francisco General	343	35%
Own Request	283	29%
Cause	13	1%
Truancy	<u>46</u>	<u>5%</u>
	<u>978</u>	<u>100%</u>



## INTENSIVE REHABILITATION WARDS

The most significant development in recent years at Laguna Honda Hospital is the establishment of an intensive rehabilitation program for the treatment of paraplegias and other physical handicaps resulting from disabling diseases and traumatic injuries. This program was initiated in the summer of 1962 pursuant to a budgetary increase allowed at that time providing for the addition of 96 personnel, equipment and supplies.

The gross amount of the budget increase for intensive rehabilitation amounted to \$559,238.00. This program, designed for selected patients with good potential for rehabilitation, is reimbursed from Federal, State and County funds at the rate of \$32.21 per patient per day. A total of 73 intensive rehabilitation beds were established. The rehabilitation program commenced with only a few patients, but in the course of the fiscal year under review, the maximum bed occupancy was reached. As of June 30, 1963 there was a total of 68 patients on these wards. The June 30, 1963 report shows the following cumulative results:

Total Admitted	197	Total Discharged	121
Less Denials	<u>- 8</u>	Patients now on Rehab Wards	68
	189		

### Discharge Analysis by Destination:

Hotel, home or boarding house:	54
San Francisco General Hospital	2
Laguna Honda Hospital Modified	9
Laguna Honda Hospital Active	55
Expired	<u>1</u>
	121

Attention is directed to the 54 patients who, through rehabilitation, have been sent out of Laguna Honda Hospital to a hotel, home or boarding house, and to the 9 patients who were discharged from the Rehabilitation Wards to Laguna Honda Hospital Modified or ambulatory wards. These 63 patients who no longer need hospitalization at Laguna Honda represent approximately 50% of the total of 121 patients who have completed rehabilitation treatment.

## HOME CARE

In conjunction with the establishment of the Rehabilitation Wards, a home care program was initiated and a position of public health nurse, serving under the Director of Nursing at Laguna Honda Hospital, was established in the budget on July 1, 1962. This home care program involves following the discharged patient after he leaves Laguna Honda and referring him to private physicians, the Visiting Nurses Association, Easter Seals, and similar organizations for follow-up treatment in the domicile of the patient.

## TRANSFER OF M.A.A. PATIENTS TO OTHER COUNTIES

The extreme shortage of hospital beds for the chronically ill in San Francisco and the over-crowding of San Francisco General Hospital medical wards created many critical problems during the fiscal year under review. In order to provide additional beds at Laguna Honda, it became necessary to take over certain rooms and areas formerly devoted to recreational, locker room, and dining room areas for the addition of hospital beds.



These additional beds and the care that this greater number of patients required caused a dilution in the already low (1.62 hours) ratio of nursing personnel to patients in Laguna Honda Hospital.

During the month of June, 1963 a temporary medical social worker was employed for the purpose of canvassing the Counties of Marin, Contra Costa, Alameda, and San Mateo for private nursing home beds where eligible M.A.A. patients now residing in Laguna Honda Hospital could be transferred. The total results of this canvass has not yet been fully evaluated. However, it is clearly established that private nursing home beds are available in these other counties to which Laguna Honda M.A.A. patients might be transferred provided that:

- a. The City administration and the Health Department administration establish a policy for such transfers and that full support be given the Laguna Honda Hospital staff in the event of relatives or friends protests or pressures;
- b. That assurances be given to the nursing home operators, in the event of the demise of the patient, San Francisco County will accept the responsibility for burial;
- c. That the Director of Public Health will agree in writing with the Public Guardian of Francisco to hospitalize patients transferred to other counties at San Francisco General Hospital in the event of critical illness of such patients, unless other provisions for care can be made;
- d. That funds be provided for two medical social workers and one stenographer to continue the program.

This program for patients transfer already shows great promise towards relieving the congestion at both San Francisco Hospital and Laguna Honda Hospital, and it is proposed to request this additional personnel to make these policies permanent.

#### CAPITAL IMPROVEMENTS

The 1962-63 budget for the Department of Public Works included an appropriation of \$165,000 to provide for the conversion of Building C from an ambulatory to a hospital facility. Bids recently received for this work exceeded the amount appropriated. Accordingly, the bids for Building C are now to be rejected and the work is to be readvertised for bids. Probably the extent of the remodeling contemplated in the original bids will have to be curtailed to stay within the available appropriation amount.

#### REVENUES AND COLLECTIONS

The fiscal year 1962-63 showed an increase of 165% in revenues. This increase was accomplished with only an 18% rise in total budgeted expenditures. Of this 18% only 7% of the increase was due to regular hospital costs. The newly established rehabilitation program absorbed 11% of the rise in expenditures. The actual cost to Ad Valorem Taxpayers (Real and Personal Property taxes) was only \$551,086.83. The following schedule shows the net cost to the Ad Valorem taxpayer:

Fiscal Year 1962-63:	Budgeted Amount	\$6,008,989.00
	Less Revenues	<u>5,457,902.17</u>
Total Cost to Ad Valorem Taxpayer		\$ 551,086.83



COMPARISON OF REVENUESFiscal Years 1961-62 and 1962-63

Source	1961-62	1962-63	Increase or (Decrease)	Percent Increase or (Decrease)
Patients' Care	\$2,028,780.90	\$5,430,304.60	\$3,401,523.70	165.7
Other	5,694.85	4,424.32	(1,270.53)	(22.3)
Bur. Delinquent Revenue	24,157.71	23,173.25	(984.46)	(4.1)
Total Revenue	\$2,058,633.46	\$5,457,902.17	\$3,399,268.71	165.1

BUDGET CONTROL

In the preparation of the annual Laguna Honda Hospital budget, all budget requests by individual department heads are given careful scrutiny before they are submitted in the budget estimates. Thoughtful budget requests, careful budget preparation and coordination, and pre-auditing of requisitions have kept Laguna Honda Hospital within a tight budget. Supplemental budget requests were kept at a minimum. In the fiscal year 1962-63, total increases in the budget amounted to \$354,084.00. However, appropriations for permanent salaries increased by \$355,803.00. If permanent salary increases are omitted, the regular budget decreased \$10,719.00 from the fiscal year 1961-62.

COMPARISON OF BUDGETFiscal Years 1961-62 and 1962-63

Budget Item	1961-62	1962-63	Increase	Percent
Permanent Salaries	\$4,057,071.00	\$4,412,874.00	\$355,803.00	9.00%
Contractual Services	17,025.00	23,832.00	6,757.00	40.00
Heat, Light & Power	120,000.00	118,910.00	(1,090.00)	(1.00)
Materials and Supplies	148,536.00	150,766.00	2,230.00	2.00
Foodstuffs	577,895.00	546,718.00	(31,267.00)	(5.00)
Drugs, Chemicals & Gases	97,000.00	97,400.00	400.00	-
Hosp. & Lab. Supplies	26,500.00	31,873.00	5,373.00	20.00
Photographic Supplies, X-Ray Film	5,500.00	5,500.00		
Equipment	55,000.00	61,878.00	6,878.00	12.00
Total	\$5,104,667.00	\$5,449,751.00	\$345,084.00	7.00
Rehabilitation Wards		559,238.00		
Total	\$5,104,667.00	\$6,008,989.00		





Increases in the budget were due to a large extent to costs over which Laguna Honda Hospital has little or no control. These costs included Permanent Salaries and Contractual Services, such as rodent control, telephone and telegraph services. Our change from an ambulatory hospital to a regular hospital caused an increase in Hospital and Laboratory Supplies. This item can be expected to increase in the future as the regular hospital is expanded.

In the fiscal year 1962-63 Laguna Honda Hospital was authorized to install a Cost Accounting System. After some delays, equipment and personnel were finally obtained. The current year, 1963-64, will be the first complete fiscal year under the cost system. Laguna Honda Hospital statistical and cost data will be in conformity with the recommendations of the American Hospital Association Accounting Manual and will conform to the exact and strict standards of the Controller's Office of the City and County of San Francisco.

How the budget dollar is spent at Laguna Honda Hospital:

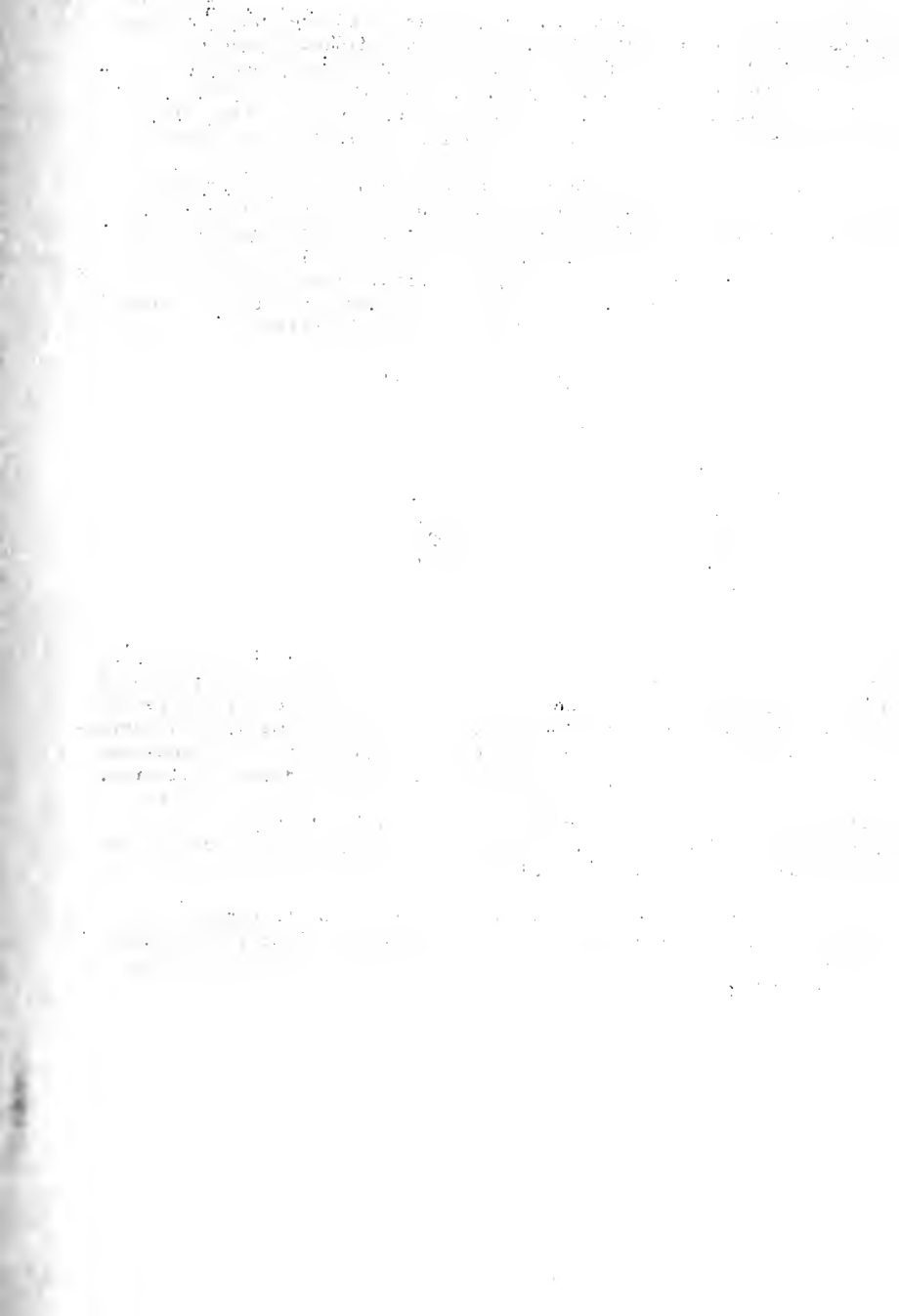
Permanent Salaries	\$ .810
Contractual Services	.004
Heat, Light & Power	.022
Materials and Supplies	.028
Foodstuffs	.100
Drugs	.025
New Equipment	<u>.011</u>
	\$1.00

#### ACCREDITATION

Accreditation has been granted Laguna Honda Hospital by the Joint Commission of the American Medical Association and the American Hospital Association after a survey made by the Commission on June 25 and 26, 1963. The Commission has determined that Laguna Honda Hospital meets the standards required by the Commission in the specialties of internal medicine, physical medicine, and rehabilitation.

The accreditation which has now been granted is the result of many years of effort to improve patients' care through a better staffing pattern and improvements to the physical plant of the hospital.

Laguna Honda Hospital will henceforth be in a better position to extend its training programs for technical personnel and will be able to receive financial grants from outside sources to improve the services offered to its patients.



## HASSLER HEALTH HOME

### PURPOSES AND OBJECTIVES

Hassler Health Home has been in a period of transition from an all-tubercular institution to one which is presently providing 125 beds for chronic disease patients. The purpose of this change has been to relieve the General Hospital of those patients who do not require acute medical and surgical care. This type of change is in line with the current trend throughout the United States of transferring chronic disease patients from acute general hospitals to institutions which can be operated at a lower patient daily rate and at the same time maintain a high standard of medical and nursing care.

<u>Patient Statistics:</u>	<u>1959-60</u>	<u>1960-61</u>	<u>1961-62</u>	<u>1962-63</u>
Patient Days	66,688	64,560	67,337	65,559
Average Bed Occupancy	182	177	184	180
Percentage of Occupancy	77	75	78	76

### Patient Costs

Daily Cost per Patient	12.95	13.51	13.32	14.75
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### FUTURE PLANS

The future of Hassler Health Home lies in establishing this institution as a hospital for chronic disease patients. The need for future development of this type of facility is very apparent because of the lack of bed space for these patients.

During the 1963 session the State Legislature liberalized the Medical Assistance to the Aged Program (M.A.A.) by allowing the cost of hospitalization to be paid under this program beginning the first day of admission rather than requiring a 30 day waiting period. This amendment, future legislative acts, and new laws in the field of hospitalization will allow persons eligible for these benefits to use the facilities more frequently, this producing a higher percentage of occupancy.

In prior years Hassler Health Home has averaged 75% of occupancy because of the decline of census of tuberculosis patients. The following year's budget ought to provide the means whereby we can utilize the 25% of unoccupied beds and increase the bed capacity beyond 237 for the care of chronic disease patients, if removal of the remaining active and infectious tuberculosis patients to San Francisco General Hospital for continued treatment becomes effective. By that time Ward V with a capacity of 79 beds can be used to treat the chronic disease patients.

In order to maintain the standard of medical care, the following programs need to be considered and developed in the future:

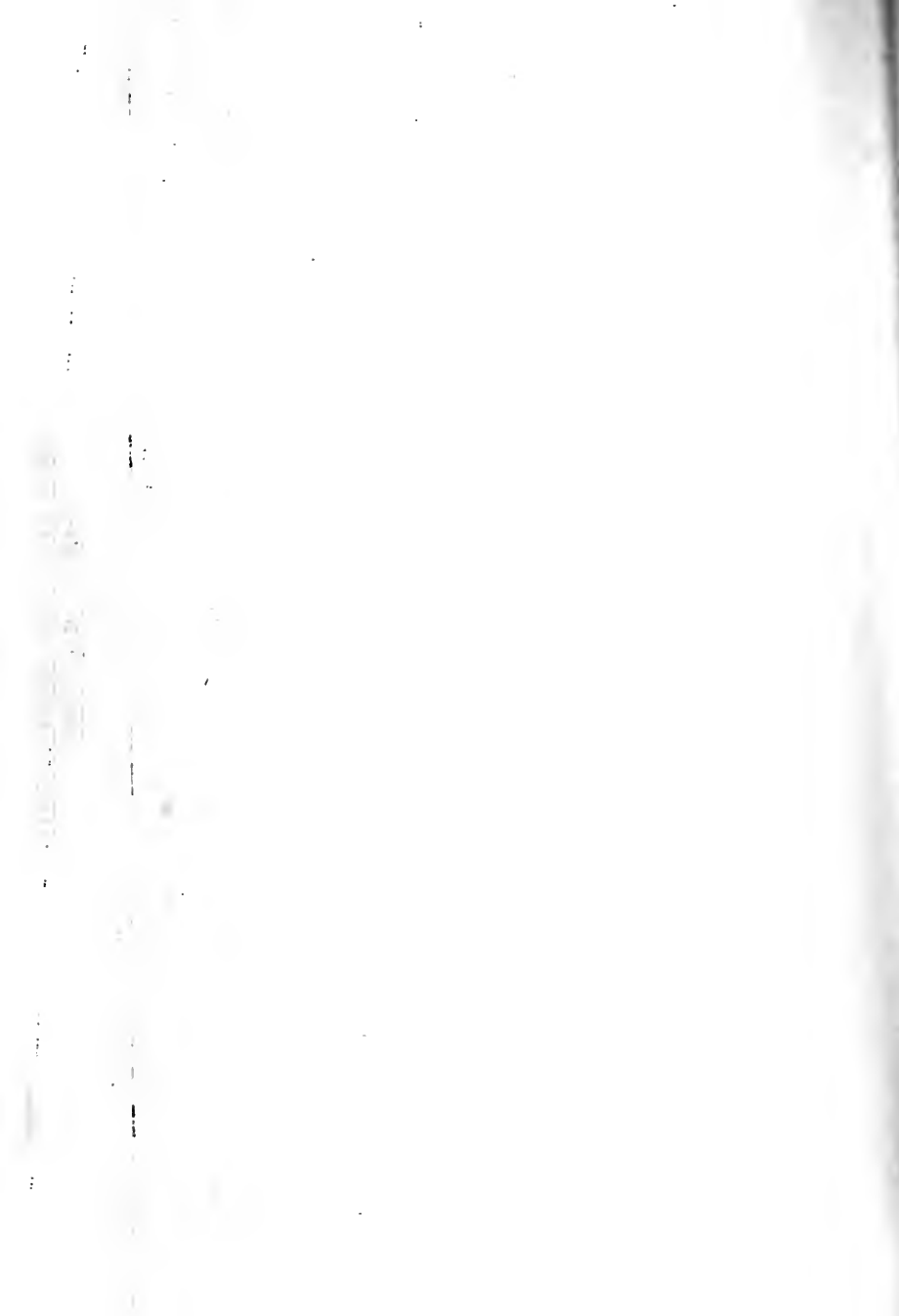
1. Increase of adequate number of personnel for nursing and feeding patients.
2. Improvement of the existing buildings for prevention of fire hazard recommended by the State Fire Marshal.
3. Enlarging and improving diet kitchen in order to improve dietary service.
4. Purchasing additional mechanical beds, bedside stands, overbed tables, and linens for the comfort of the patients and efficiency of nursing care.



ANNUAL FISCAL YEAR REPORT - 1962-63

HASSLER HEALTH HOME

<u>FISCAL YEAR</u>	<u>1957-58</u>	<u>1958-59</u>	<u>1959-60</u>	<u>1960-61</u>	<u>1961-62</u>	<u>1962-63</u>
<u>PATIENT DAYS</u>	63,935	64,375	66,688	64,560	67,337	65,559
<u>AVERAGE BED OCCUPANCY</u>	1175.48	176.79	182.20	176.87	184.4	180.0
<u>LABORATORY WORK LOAD</u> All types of tests and examinations of clinical value.	23,999	19,161	17,279	17,977	17,169	14,645
<u>DENTAL ACTIVITIES WORK LOAD</u> Individual dentures, extractions, fillings and examinations	264	405	459	285	251	258
<u>X-RAY DEPARTMENT WORK LOAD</u> All types of tests and examinations of clinical value.	1,423	2,789	2,408	1,042	1,069	972
<u>CULINARY SERVICE WORK LOAD</u> Meals, regular and special	367,273	367,120	379,643	372,229	345,894	316,681
<u>CLINICAL ACTIVITIES WORK LOAD</u> Individual treatments and examinations.	6,372	5,237	5,306	5,625	5,431	4,424
<u>SINGLE MEN'S REHABILITATION CENTER WORK LOAD</u> Individual treatments and examinations.	1,695	1,914	1,512	1,973	1,438	1,216



ANNUAL FISCAL YEAR REPORT - 1962-63

HASSLER HEALTH HOME

<u>FISCAL YEAR</u>	<u>1957-68</u>	<u>1958-59</u>	<u>1959-60</u>	<u>1960-61</u>	<u>1961-62</u>	<u>1962-63</u>
<u>LABORATORY TESTS</u>						
Sputum Concentrates Tubercle	1,738	1,840	1,546	1,358	1,222	1,006
Urinalyses	7,177	5,208	5,007	13,026	13,325	11,598
Blood Examinations	665	514	589	1,345	1,241	772
Miscellaneous Examinations	2,874	2,824	2,359	2,157	1,381	1,269
<u>X-RAY DEPARTMENT SERVICES</u>						
14" x 17"	1,020	1,215	1,071	1,042	1,031	940
11" x 14"	157	126	194	45	6	2
8 x 10"	91	106	84	52	32	25
Dental Films	19	8	5	25	0	0





ANNUAL FISCAL YEAR REPORT - 1962-63

HASSLER HEALTH HOME

FISCAL YEAR	1956-57	1957-58	1958-59	1959-60	1960-61	1961-62	1962-63
TOTAL ADMISSIONS	187	184	159	210	138	168	137
TOTAL DISCHARGES	213	174	166	190	137	173	146
IRREGULAR DISCHARGES, AMOL DISCIPLINARY DISCHARGES	26 3	39 2	30 1	35 2	25 2	37 3	27 1
ROUTINE DISCHARGES (OPD, PMD, LHM OR LHM Infirmary)	93	48	47	44	37	45	23
TRANSFERS (SFGH or Other Hospitals)	77	60	72	71	46	46	57
DEATHS	14	25	15	38	27	42	38
CENSUS	163	173	166	186	187	182	173



## EMERGENCY HOSPITAL SERVICE

### PURPOSE AND OBJECTIVES

The purpose of the Emergency Hospital Service is to provide emergency medical, surgical and ambulance care to the people of San Francisco. This service is in effect the liaison between the time of emergency and such time as the patient is put into more permanent care.

The concept of this service is the same as that of the Police Department and Fire Department, i.e., a public service for protection of life and limb. It is supported by taxes, for the people, so that San Francisco is a better and safer city in which to live.

### RELATIONSHIP

Probably no unit in the city has more inter-relationship with other departments than does the Emergency Hospital Service. Within the Health Department, the Birth and Death Registries, Laboratories, Disease Control, Crippled Children Services, and Public Health Nurses have frequent contact. San Francisco General Hospital and Laguna Honda Hospital have daily and constant relationship.

The San Francisco Police Department is in daily contact. The Emergency Hospital Services answers all multiple fire alarms, some specific single or silent alarms, and occasionally send three to five ambulances to a single fire, necessitating the hiring of an extra crew. The Municipal Railway calls it for any case involving injury or illness on one of their vehicles and they do not move the car until the patient has been removed by our staff. The Sheriff's Department calls upon the Service for transportation of stretcher or wheelchair for cases unable to walk with assistance.

The records are a most valuable adjunct to attorneys, insurance companies, the Industrial Accident Commission, and the Courts, since they provide an immediate and unbiased professional opinion by an M.D.

### PROGRAM

Care is rendered at five Emergency Hospitals on a 24-hour basis with a minimum of one doctor, one registered nurse, one medical steward, and one ambulance driver on duty 24-hours daily throughout the year. Care is also provided at Ocean Beach Hospital from 9:00 a.m. to 5:00 p.m. every Saturday and Sunday by a doctor and a steward (no ambulance); additionally, by a doctor only on holidays and each week day during summer school vacation. Harbor, Alemany and Park Emergency Hospitals have the minimum staff; Central has an additional nurse from 3:00 p.m. to 11:00 p.m., two additional part-time doctors on Friday and Saturday evenings and an extra "trouble-shooter" ambulance from 4:00 PM to midnight. Mission has 24-hour ambulance service, but has all the medical and nursing staff needed and provided by San Francisco General Hospital.

Last year there were 113,381 admissions to all Emergency Hospitals, distributed as follows:



Disposition  
of  
Patient

	<u>Total</u>	<u>Mission</u>	<u>Central</u>	<u>Alemanay</u>	<u>Park</u>	<u>Harbor</u>	<u>Ocean Beach</u>
Home	91,221	44,550	14,325	13,687	11,593	6,612	454
S.F.G.H.	15,521	12,291	1,678	426	517	609	-
Other Hosps.	5,945	1,653	1,267	1,059	1,086	875	5
Deceased	694	191	108	51	173	171	-
Total	113,381	58,685	17,378	15,223	13,369	8,267	459
Ambulance Runs	39,720	6,185	18,090	4,410	5,023	6,012	

FUTURE

Relocation of Harbor Emergency Hospital is now imminent, from present location at 88 Sacramento Street to Southwest corner of Clay and Drumm Streets. New building and equipment will be needed, but existing personnel will be moved to the new structure without any increase or reduction. With the advent of new apartment dwellers in the neighboring area, the number of admissions will probably increase.

Still involved is the 75,000 to 100,000 population increase in the Sunset-Parkside area since the last addition (Alemanay 1933) was made to the Emergency Hospital Service. Since 1933 there has been one ambulance and crew of medical steward and ambulance driver added to this service. A new hospital would require everything new that exists in any of our present emergency hospitals, plus one new ambulance, and would require a staff of 4-1/5 stewards, 4-1/5 drivers, 4-1/5 nurses, and 4 doctors, since none could be spared from any other hospital.

There is also need for a utility man (who might use an old ambulance, suitably converted, if funds for a suitable truck are not provided), to transport laundry, drugs, supplies, papers, etc. to and from the various emergency hospitals. This would restore additional ambulance service to the city since the ambulances would not have to go out of service to perform these non-medical duties. This position would require one driver only, no medical steward.

EQUIPMENT

In 1961 two new styled ambulances were tried. They were lighter in weight, had more power and were easier to maneuver. They had a distinct drawback of lack of head room for patients. In 1962 the same type ambulance but with 8 inches more head room was tried. At first they all seemed satisfactory and an improvement. However, they have very small braking area, have been out of service in the shops a great deal more than new equipment should necessitate. Our next purchases will involve taking these factors into consideration.

New respiration units were provided for each emergency hospital.



## STUDY

A comprehensive study of the San Francisco Department of Public Health is under way with a Task Force Committee composed of the following members assigned to Emergency Hospital Care. Mr. John Y. James is Study Director. Next year's report will contain a detailed report of their findings and recommendations.

Mr. Orville N. Booth, Chairman	Administrator, St. Francis Hospital
Dr. T. Edward Bailly	
Mr. John Crowley	
Mr. Erick A. Engman	King-American Ambulance Company
Dr. R. S. Hockwald	Pacific Telephone Company
Sister Elizabeth Marie	, Administrator, St. Mary's Hospital

## POLICIES

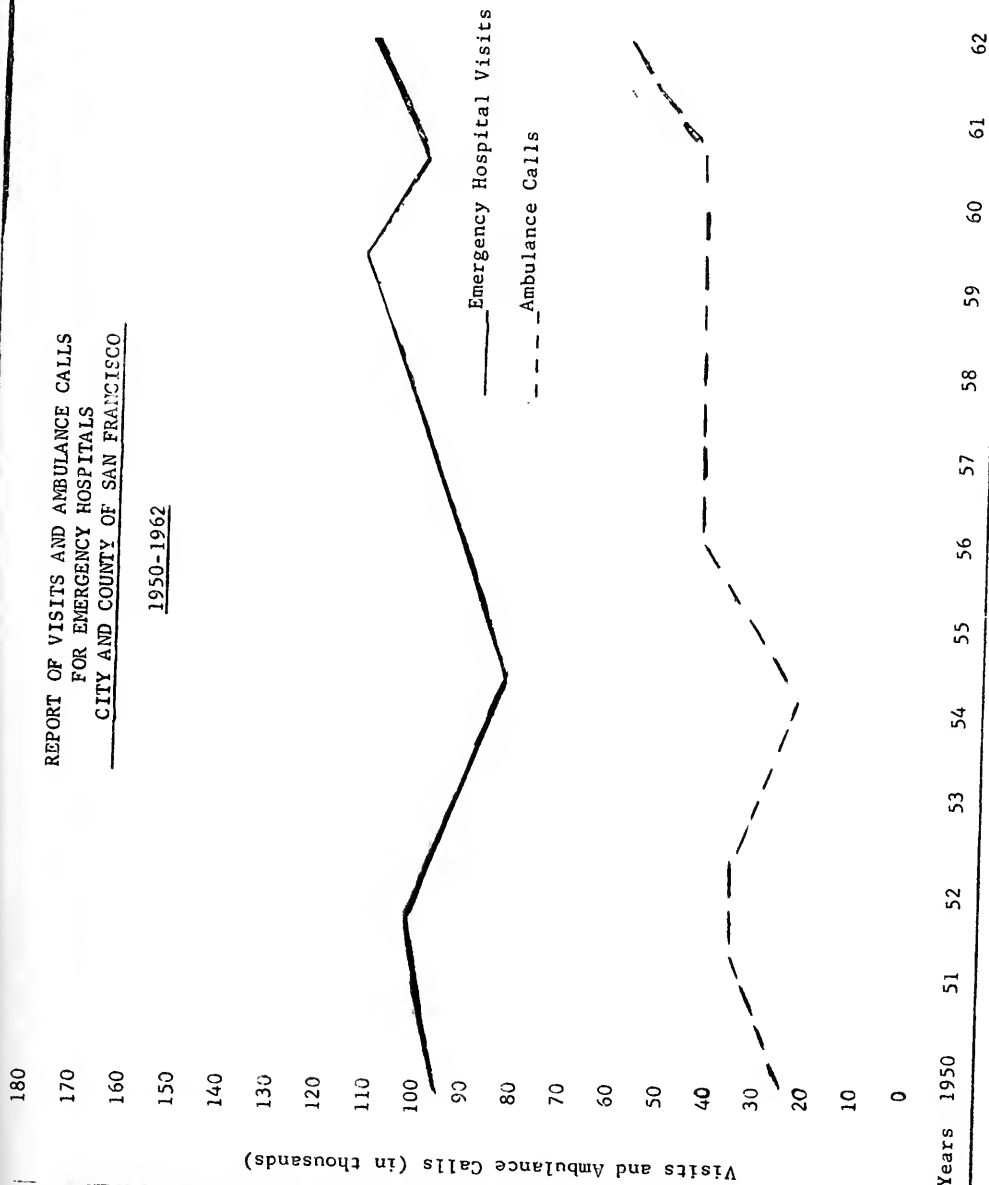
New policies regarding speed and right-of-way for ambulances were put into practice last year. Our accident rate has been negligible and there have been no accidents since the new policy was inaugurated. Such delays that have developed are only of a minute or two in length, and have not adversely affected the welfare of any of our patients.





REPORT OF VISITS AND AMBULANCE CALLS  
FOR EMERGENCY HOSPITALS  
CITY AND COUNTY OF SAN FRANCISCO

1950-1962





## COMMUNITY MENTAL HEALTH SERVICES

### INTRODUCTION

The San Francisco Mental Health Services program has gradually expanded and is providing a broad program for the community although many needs are still unmet. The program includes not only direct treatment services for adults and children but also psychiatric consultation services to 26 nonpsychiatric agencies, including bureaus of the Department of Public Health. Emergency services are available on a 24-hour basis to anyone. Information and brief counselling are also available to all persons seeking such help. The overall emphasis is placed on short-term types of help although some cases are active for many months. An important function is that of giving leadership, guidance and coordination to mental health activities throughout San Francisco, whether public or private. The Program Chief also meets with a number of agencies regarding their programs, ways and directions of developing which will meet community mental health needs. Approximately 12,300 patients were given direct services and over 25,000 persons were indirectly affected by the consultation program. (Descriptive details of various services are available in last year's Annual Report.)

### PSYCHIATRIC SERVICES AT SAN FRANCISCO GENERAL HOSPITAL

Three main types of facilities are operated at San Francisco General Hospital as part of the Community Mental Health Services. One is the services to persons requiring immediate attention, emergency help, or hospital admission. Another is the Psychiatric Inpatient Service which gives 24-hour care, and the third is the Adult Psychiatric Outpatient Clinic.

### IMMEDIATE PSYCHIATRIC AID AND REFERRAL CENTER

This small group of personnel handles about 150 patients per month on an immediate basis. Patients may walk in or may telephone for an appointment. Immediate aid of this nature is extended to a 24-hour 7-day-a-week basis by the resident psychiatrists on duty at night and on weekends. Three-fourths of the patients are seen no more than twice and the rest are seen up to six visits. One-third of all cases handled are satisfactorily dealt with by this brief therapeutic contact and no further referral is made. Another 10% drop out and the rest are referred to another treatment agency.

This service is available both through the switchboard at San Francisco General Hospital and its own direct line, ATwater 2-8242. Home calls can be made but so far experience has not shown this to be necessary in most cases. The unit needs more personnel in order to give a broader service and to extend the hours in which emergency psychiatric service and evaluation are available.

The Psychiatric Admitting Unit in Building 90 works closely with the above-mentioned Center and primarily deals with patients where admission to the psychiatric wards is contemplated. Patients are brought there by the Police and relatives as well. Consultations for the main hospital are also done through this unit. Any emergency case is accepted if it is appropriate to these services without regard for eligibility questions during the emergency period.



## PSYCHIATRIC INPATIENT SERVICE

All cases needing hospitalization are admitted to the Observation Wards first. This facility has consisted of two 22-bed wards which have been greatly overcrowded. A second male Admission Ward became available at the end of the year, and the coming fiscal year will see a great decrease in overcrowding and an increase in the quality of emergency care. Group therapy and further individual attention have been possible during the past year for the patients on the Observation Service. The physical facilities are still inconvenient and need to be replaced. However, there has been a great improvement in our ability to give care because of staff and equipment increases.

The Treatment Wards consist of one 19-bed male ward and a new 24-bed female ward. 179 patients were treated on this service during the year and only four had to go on to a State hospital. The remainder were well enough to return to the community after a period of between two and four months of intensive treatment. The outpatient follow-up program undoubtedly contributes to the success of this service.

An active teaching program is provided on the Inpatient Service under the joint direction of the University of California School of Medicine and the Community Mental Health Services. Psychiatric residents, third-year medical students and internes from the General Hospital each have intensive training programs to meet their particular needs. The psychiatric residents spend only part of their three years of formal training on this service. The rest of their time is spent in training at their home institution, such as the University of California Medical Center, Langley Porter Institute, or Mount Zion Psychiatric Clinic. Most agree that the work and training are arduous but invaluable. Trainees from other schools, such as the Theological Seminary in San Anselmo, nursing schools and others, also use our facilities and training opportunity.

## ADULT PSYCHIATRIC CLINIC

This Clinic is located on the first floor of Building 80 at San Francisco General Hospital. Cases are selected primarily because they are acutely disturbed and in a critical psychological state. Many are psychotic. In many cases hospitalization of these patients has been prevented by active treatment in this Clinic. 511 patients were seen, receiving a total of 7,821 visits (an increase of 548 visits over the past fiscal year.) The Clinic personnel also participated in consultation services, teaching and community organization work.

Psychiatric positions still show a high turnover due to low salaries. The strict residence requirements for clinic treatment limit the number of people who are able to receive service. Clerical help has also been inadequate because the Clinic has only one stenographer.

A specific program needs to be developed to deal with persons who have attempted suicide. At least 80 such persons are seen and admitted to the Psychiatric Service every month. Most are discharged without adequate follow-up and run the risk of further psychiatric disability or physical harm. Vocational rehabilitation services and special programs for persons discharged from State hospitals need to be provided but at present there is no available personnel to handle these important professional tasks. Appropriate budgetary requests will be aimed at alleviating this situation.



## CHILD PSYCHIATRIC CLINIC

This Clinic is located at 1500 Grove Street and is an "open-door clinic" for helping San Francisco children up to 18 years of age. Their parents are also involved in the treatment process. This Clinic has been operating since 1917. About one-fourth of the patients are self-referred and the rest come from other agencies, with particular reference to the public health nurses. The Clinic is active in consultation and in work with the mentally retarded. Cases are three main types: neurotic problems, behavior disturbances and habit disorders. A variety of therapeutic techniques is used, most of which are psychotherapy or counselling whereas drugs are seldom used. Certain changes in Clinic operating policies have considerably increased clinical services to the community. Without a change in staffing, the monthly case load nearly doubled. In spite of this, we are still unable to take half of the people needing treatment in this Clinic. 1,173 patients were served during the year.

## SERVICES TO ALCOHOLICS

### Adult Guidance Center

This clinic is located at 150 Otis Street and accepts outpatients from all over town who are unable to afford private treatment. A variety of treatment and evaluation techniques is available. 1,290 patients were served during the year at 150 Otis Street, and 117 were seen at the Children's Hospital Branch. This Center works closely with a number of local agencies dealing with the alcoholic population. A cooperative treatment program has been developed with the nine halfway houses in San Francisco which provide services to alcoholics. A geographical study of our case load shows that most of these patients live north of Mission Street and east of Van Ness Avenue. The location of the clinic itself may have some bearing on this finding.

### San Bruno Jail Clinic

The Adult Guidance Center Branch at the San Bruno Jail primarily offers short-term counselling, casework and medical care to alcoholics committed to San Francisco Jail No. 2. The length of stay averages 35 days. About one-fourth of the individuals given service is referred to the Adult Guidance Center. About 3,800 drunk-related admissions were made to the Jail and approximately 2,300 of these were seen for service. These services are quite brief and much more attention should be paid to re-location and counselling of these men so that they will not return soon again to jail. Heavier staffing is badly needed and a Vocational Counsellor should be added to the staff. It is also hoped that pre-sentence screening and evaluation of arrested alcoholics will be able to provide earlier and more appropriate help. It is also hoped that the rehabilitation aspect of the program at the Jail can be enhanced.

## CONTRACTUAL PSYCHIATRIC SERVICES

The Community Mental Health Services Act of California allows counties to contract with other agencies for psychiatric services to persons who cannot afford private care. San Francisco has the most extensive contractual program in the State. Contracts are now in effect with the McAuley Neuropsychiatric Institute of St. Mary's Hospital, the Child Guidance Clinic of





Children's Hospital, the Psychiatric Clinic of Saint Francis Memorial Hospital, the Psychiatric Clinic of the Presbyterian Medical Center, and the Psychiatric Day Center at 620 Balboa Street. All of these agencies have been able to increase their services to the community through this arrangement. Good-quality services have been given and 1,500 cases were treated during the year under the contract.

The Presbyterian Medical Center Psychiatric Clinic receives referrals from a wide variety of sources. The case load has approximately doubled in the past year with about 20 patients being admitted each month. Applications come at the rate of approximately 50 per month. 82% of the admissions have at least three interviews. There has been some stress on serving young adolescent children. The Clinic also has an active training and community program.

The Child Guidance Clinic of Children's Hospital accepts children up to the age of 18 from any referral source. A special treatment project deals with a number of delinquent teenagers referred by the Juvenile Court. The Clinic has increased over 25% in the volume of persons handled during the year. A further increase is anticipated through the use of family and group therapy techniques. Additional expansion is looked forward to after the completion of a new building in late 1965. This Clinic has also been providing special training in child psychiatry since 1951. This agency is also an excellent resource for the community.

Saint Francis Psychiatric Clinic accepted 90 new cases during the year. Since the Clinic is quite small, this is viewed as an adequate number. 165 patients were seen during the year. Two-thirds of the patients treated were discharged as definitely improved. This is considered a good rate of improvement in the difficult psychiatric field. Patients over 16 years of age are accepted from any referral source. Program expansion is planned through the development of a 3-year psychiatric residency training program.

The McAuley Neuropsychiatric Institute consists of inpatient and outpatient services for both adults and children. It is the newest and most complete psychiatric center in a private general hospital in this city. 1,428 outpatients were served during the year. A contract for inpatient services to children up to the age of 16 has recently been negotiated with the city. Patients will be accepted starting early in the next fiscal year. This clinic also has a training program and works with a variety of public agencies, including the Youth Guidance Center.

The Psychiatric Day Center of San Francisco served 85 patients during the year, of which 48 were new admissions. The Center is small and cares for persons on an everyday basis for long periods of time, therefore the small case load is to be expected. Patients come to the Center three to five times a week for periods ranging from a week to two years. The average stay has been eight months. The patients are adult, although persons as young as 15 have been accepted. 75% of patients admitted would otherwise have been hospitalized. The Center has shown itself to be a much-needed community resource for the mentally ill, particularly in the lower-income group. The Center is continuing to increase the quality of its work and its studies of the ways in which the psychiatric day program has been and can be effective.

#### CONSULTATION PROGRAM

This program was treated rather completely in the past Annual Report. There-



fore, it will be brief this year. This service has continued to expand through the use of various staff members of the Community Mental Health Services.. The Chief of this Service reports directly to the Program Chief, as do the other major service Directors. The present program provides consultation to a variety of agencies in the community who give direct service to clients ranging all the way from a pre-school child to senior citizens. Consultants are assigned to a particular agency for a fiscal year, at the end of which an evaluation is made and the decision as to whether or not the service should be continued is reached. The present program provided for consultation to the following agencies:

1. Department of Public Health, specifically the nine Health Centers, Nursing Bureau and Maternal and Child Health Services.
2. Department of Public Welfare.
3. Board of Education, specifically City College, Supervisors of Child Welfare and Attendance, Family Life Education Service.
4. International Institute.
5. Big Brothers, Inc. of San Francisco Bay Area.
6. Senior Center.
7. San Francisco Council of Churches.
8. Alcoholic Rehabilitation Association.
9. Domestic Relations Bureau of the Superior Court.
10. Travelers Aid Society of San Francisco.
11. Parochial Schools.
12. San Francisco Redevelopment Agency.
13. Adult Probation Department.
14. San Francisco Jail.
15. Aid Retarded Children, Inc.
16. The Salvation Army.

Overall evaluation of the service indicates that the consultees have gained help both with regard to specific job problems and also in a more general educational way. This, in turn, has resulted in their own clients receiving more effective service. It is planned to extend the Consultation Services further by enlisting private practitioners in the program and coordinating their work with the overall mental health program.

The entire Community Mental Health Services operation has received much cooperation throughout the community. The city administration has given



support wherever it felt the funds were available. It has been impossible in these few pages to give an adequate picture of the scope and quality of the San Francisco program, but the city can feel proud of the direction in which its services have been developing. Amendments to the Short-Doyle Act will give a further impetus to the expansion of the mental health program in an attempt to meet the needs of San Francisco citizens more fully.

The general direction of program development outlined in the Five-Year Program of the Community Mental Health Services is still valid. The need for an integrated efficient Community Mental Health Center offering comprehensive services to the community is even more pressing than it was two years ago when the building program was recommended by the Program Chief. A complete renovation of Building 90 at San Francisco General Hospital should, in our opinion, be done as soon as possible to allow improved operation under adequate conditions during the years between now and when the Mental Health Center is built. Smaller satellite services, some of which should be associated with District Health Centers, are needed in various locations throughout the city. The south, the west and the northeast sections of the city have no conveniently located facilities. More attention should be given to the problems of juvenile delinquency, emotionally disturbed school children and the geriatric mental patient. A comprehensive program for problems of alcoholism has yet to be developed. Commitment procedures should be further "streamlined" and a centralized data-collection system would be of both practical and research value. Private resources should be encouraged to collaborate further with the city in expanding the overall network of services extended to persons with serious emotional disorders. The development of further insurance coverage for psychiatric disorders, as well as careful planning of additional contractual services, would be steps in this direction.



DEPARTMENT OF PUBLIC HEALTH - CENTRAL OFFICE BUREAUS

OTHER THAN PERSONAL SERVICE ACCOUNTS

<u>Account Number</u>	<u>1962-63 Budget Allowance</u>	<u>Adjust- ments</u>	<u>1962-63 Adjusted Allowance</u>	<u>Expended and Encumbered</u>	<u>Balance</u>
<u>Accounting</u>					
2.511.200.000	\$ 135	\$	\$ 135	\$ 84	\$ 51
2.314.225.511	8978	(550)	8428	1814	6614
2.511.300.000	450	13	463	-	-
2.315.400.511	2430		2430	2126	304

Administration

2.513.200.000	33605	(4)	33601	32951	650
2.312.216.513	1000	1071	2071	2071	-
2.313.224.513	1400	710	2110	1872	238
2.314.225.513	650	-	650	155	495
2.695.231.513	6700	408	7108	6993	115
2.315.232.513	25340	5700	31040	24786	6254
2.315.232.513.01	100	20	120	91	29
2.311.237.513	692		692	692	-
2.513.267.000	55000	47102	102102	100967	1135
2.513.267.001	27500	(15000)	12500	11490	1010
2.513.267.002		15000	15000	13368	1632
2.513.267.003	30000		30000	30000	-
2.513.300.000	2600		2600	2570	30
2.315.321.513	800		800	608	192
2.513.361.000	3100		3100	2932	168
2.315.370.513	102		102	83	19
2.315.375.513	300		300	281	19
2.315.400.513	1155		1155	1054	101
2.513.830.000	27290		27290	27290	-

Bacteriological Laboratory

2.517.200.000	170		170	50	120
2.517.300.000	867		867	866	1
2.517.340.517	70		70	60	10
2.517.361.000	7500		7500	7356	144
2.517.362.000	4000		4000	3953	47
2.315.400.517	11350		11350	11250	100
2.517.999.000	2086		2086	1031	1055

Chemical Laboratory

2.519.200.000	240		240	238	2
2.519.300.000	148		148	122	226
2.519.361.000	350		350	326	24
2.519.362.000	420		420	418	2
2.315.400.519	408		408	405	3





DEPARTMENT OF PUBLIC HEALTH - CENTRAL OFFICE BUREAUS (Cont'd)

OTHER THAN PERSONAL SERVICE ACCOUNTS

Account Number	1962-63 Budget Allowance	Adjust- ments	1962-63 Adjusted Allowance	Expended and Entumbered	Balance
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Maternal & Child Health

2.521.200.000	\$ 386	\$	\$ 386	\$ 326	\$ 60
2.521.203.000	1000		1000	794	206
2.521.267.000	514666		514666	501826	12840
2.521.300.000	2300		2300	2292	8
2.521.361.000	330000	(6473)	23527	11368	12159
2.521.362.000	4000		4000	2513	1487
2.521.372.000	1938		1938	1898	40
2.315.400.521	1513		1513	1354	159
2.521.999.000	1308	650	1958	1372	586

Disease Control

2.525.200.000	226		226	178	48
2.525.200.010	1198		1198	1187	11
2.525.203.000	250		250	246	4
2.312.216.525	175		175	18	157
2.525.300.000	1220	150	1370	1285	85
2.315.321.525	170		170	66	104
2.525.361.000	500	(172)	328	199	129
2.525.362.010.01	1000	22	1022	1014	8
2.525.362.000	100		100	62	38
2.315.400.525	328		328	282	46
2.525.999.000	17925	500	18425	15902	2523

Dairy & Milk Inspection

2.527.200.000	3829		3829	3447	382
2.315.216.527	3750		3750	3522	228
2.527.300.000	1465		1465	1432	33
2.315.321.527	5000		5000	4050	950
2.527.362.000	175		175	78	97
2.315.400.527	6995		6995	6679	316

Dental Bureau

2.529.200.000	5360		360	235	125
2.529.203.000	475		475	448	27
2.529.300.000	215	1	216	216	-
2.315.340.529	146		146	136	10
2.529.361.000	1165		1165	1126	39
2.529.362.000	2275	(1)	2274	2200	74
2.315.400.529	3265		3265	3195	70



## DEPARTMENT OF PUBLIC HEALTH - CENTRAL OFFICE BUREAUS (Cont'd)

OTHER THAN PERSONAL SERVICE ACCOUNTS

Account Number	1962-63 Budget Allowance	Adjust- ments	1962-63 Adjusted Allowance	Expended and Encumbered	Balance
<u>Food &amp; Sanitary Inspection</u>					
2.531.200.000	\$ 5229	\$ (208)	\$ 5021	\$ 4956	\$ 65
2.531.203.000	7000		7000	6257	743
2.312.216.531	1200	275	1475	1475	-
2.315.240.531	102		102	90	12
2.531.300.000	2577		2577	2572	5
2.315.321.531	1350		1350	1107	243
2.531.362.000	200		200	180	20
2.315.400.531	1610		1610	1438	172

Health Education

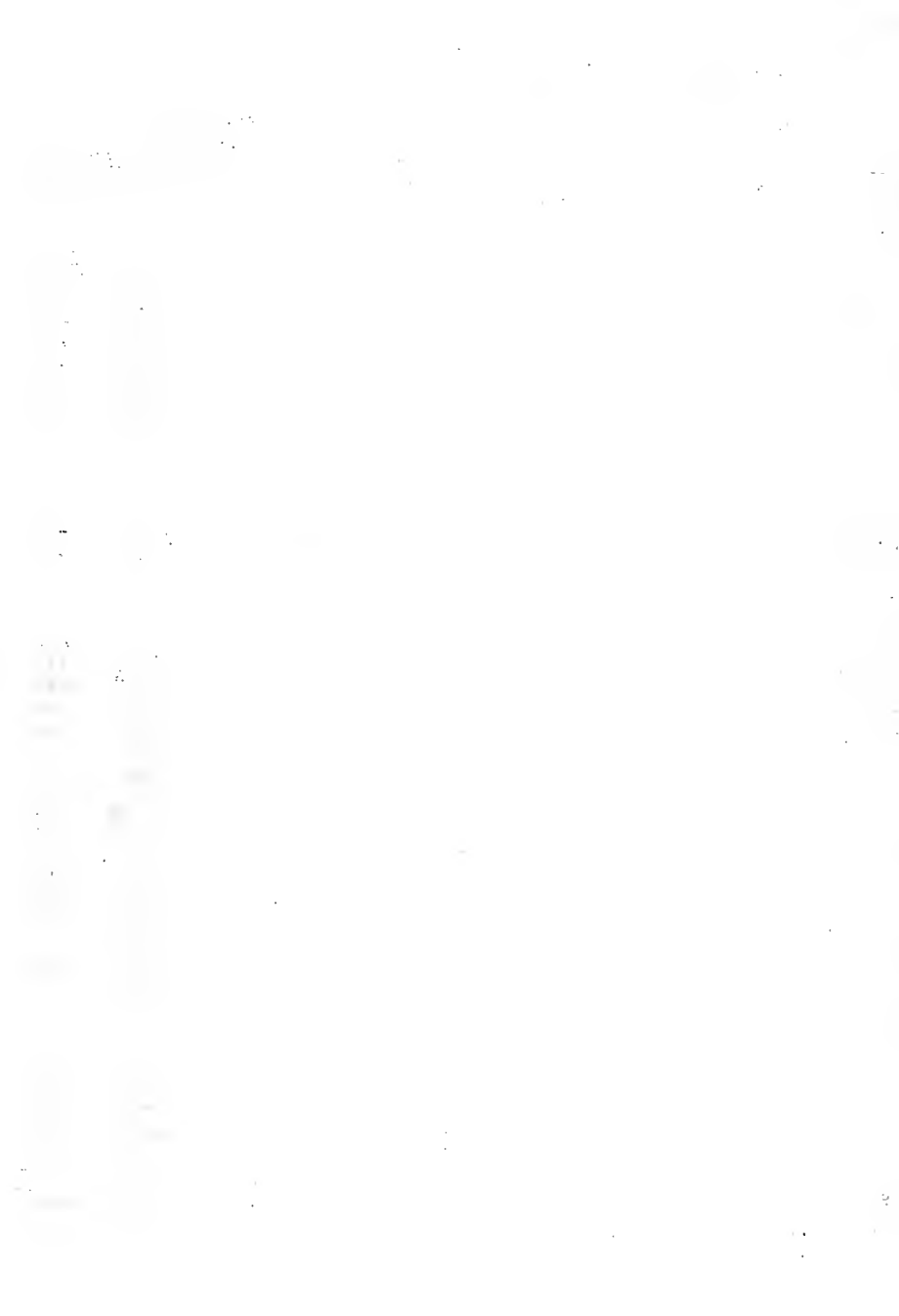
2.537.200.000	245		245	231	14
2.537.300.000	2995		2995	2995	-
2.315.400.537	60		60	60	-

Public Health Nursing

2.539.200.000	30703	(27008)	3695	3277	418
2.539.200.001	27000		27000	21114	5886
2.539.203.000	10500		10500	9790	710
2.312.216.539	700		700	542	158
2.695.231.539	1440	324	1764	1650	114
2.315.237.539	980		980	980	-
2.539.300.000	4500	1958	6458	6273	185
2.315.321.539	400		400	257	143
2.315.340.539	400	31	431	431	-
2.539.350.000	12982	(6408)	6574	3462	3112
2.539.361.000	1100	(31)	1069	429	640
2.539.362.000	2800		2800	2145	655
2.315.375.539	50		50	49	1
2.315.400.539	3532	42	3574	3394	180
2.245.880.539	9440	120	9560	9560	-

Statistics

2.541.200.000	3662		3662	3183	479
2.314.225.541	4000	(225)	3775	2995	780
2.541.300.000	5300	225	5525	5496	29
2.315.400.541.98)					
2.315.400.541 )	3496	480	3976	3705	271
2.541.999.000	5545	(907)	4638	1058	3580



DEPARTMENT OF PUBLIC HEALTH - CENTRAL OFFICE BUREAUS (Cont'd)

OTHER THAN PERSONAL SERVICE ACCOUNTS

Account Number	1962-63 Budget Allowance	Adjust- ments	1962-63 Adjusted Allowance	Expended and Encumbered	Balance
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Tuberculosis Control

2,543,200.000	\$ 1794	\$ (160)	\$ 1634	\$ 918	\$ 716
2,543,203.000	399		399	385	14
2,543,300.000	715		715	584	131
2,543,361.000	3625		3625	3607	18
2,543,362.000	226		226	152	74
2,543,372.000	11750		11750	11715	35
2,315,400.543	10525	2200	12725	12513	212
2,543,999.000		25906	25906	20757	5149

Venereal Disease Control

2,545,200.000	724		724	715	9
2,545,203.000	400		400	242	158
2,695,231.545	1150	52	1202	1202	-
2,315,237.545	202		202	202	-
2,315,240.545	156		156	117	39
2,315,256.545	453		453	274	179
2,545,300.000	2032	(41)	1991	1904	87
2,315,340.545	75	35	110	109	1
2,545,361.000	3000	(281)	2719	2705	14
2,545,362.000	500	206	706	648	58
2,315,370.545	84		84	84	-
2,315,375.545	90		90	84	6
2,315,400.545	665		665	612	53
2,545,814.000	19	81	100	100	-
2,245,880.545	3060		3060	3060	-
2,545,999.000		15243	15243	8800	6443

TOTAL	\$ 1058996	61056	1120052	1034402	85650
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CENTRAL OFFICE



DEPARTMENT OF PUBLIC HEALTH - EMERGENCY HOSPITAL SERVICES

OTHER THAN PERSONAL SERVICE ACCOUNTS

Account Number	1962-63 Budget Allowance	Adjust- ments	1962-63 Adjusted Allowance	Expended and Encumbered	Balance
2,551,200,000	\$ 485	\$ (8)	\$ 477	\$ 427	\$ 50
2,551,203,000	110		110	105	5
2,312,216,551	10000	2131	12131	12131	-
2,314,225,551	600		600	416	184
2,695,231,551	3700	148	3848	3848	-
2,315,232,551	5516		5516	5285	231
2,555,236,551	6000		6000	5669	331
2,315,237,551	983		983	983	-
2,315,240,551	102		102	90	12
2,551,300,000	3486		3486	3360	126
2,315,321,551	5000	256	5256	5250	6
2,315,340,551	2250	(256)	1994	1930	64
2,551,350,000	900		900	822	78
2,315,351,551	100		100	100	-
2,557,361,551	2700		2700	2574	126
2,551,362,000	6445		6445	6444	1
2,315,370,551	84		84	84	-
2,315,375,551	25		25	16	9
2,315,400,551	20680		20680	20603	77
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TOTAL	\$ 69166	\$ 2271	\$ 71437	\$ 70137	\$ 1300

EMERGENCY HOSPITALS

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DEPARTMENT OF PUBLIC HEALTH - HASSLER HEALTH HOME

OTHER THAN PERSONAL SERVICE ACCOUNTS

Account Number	1962-63 Budget Allowance	Adjust- ments	1962-63 Adjusted Allowance	Expended and Encumbered	Balance
2,553,200.000	\$ 14595	\$ (3685)	\$ 10910	\$ 10703	\$ 207
2,553,203.000	175		175	175	-
2,312,216.553	1300	200	1500	1350	150
2,695,231.000	25340	1698	27038	25505	1533
2,315,232.553	3000	136	3136	3134	2
2,315,232,553.01	8	4	12	4	8
2,557,236.553	12000		12000	12000	-
2,553,300.000	11840	1639	13479	13216	263
2,315,321.553	2135		2135	1935	200
2,315,340.553	7225	3089	10314	10220	94
2,553,350.000	68250	(4739)	63511	50347	13164
2,315,351.553	8000		8000	7589	411
2,555,355.553	23750		23750	20018	3732
2,553,361.000	13500	(1233)	12267	10901	1366
2,553,362.000	4545	350	4895	4816	79
2,553,372.000	1250		1250	1195	55
2,315,375.553	300		300	294	6
2,315,400.553	8909	200	9109	8987	122
2,553,800.000	2828		2828	2819	9
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TOTAL	\$208950	\$ (2341)	\$ 206609	\$ 185208	\$ 21401

HASSLER HEALTH HOME :



DEPARTMENT OF PUBLIC HEALTH - SAN FRANCISCO GENERAL HOSPITAL

OTHER THAN PERSONAL SERVICE ACCOUNTS

Account Number	1962-63 Budget Allowance	Adjust- ments	1962-63 Adjusted Allowance	Expended and Encumbered	Balance
2.557.200.000	\$ 47765	\$ 631	\$ 48396	\$ 48386	\$ 10
2.557.203.000	200		200	200	
2.312.216.557	500	300	800	547	253
2.314.225.557	4500		4500	2435	2065
2.695.231.557	117410	8125	125535	118793	6742
2.315.232.557	49560	5554	55114	55114	-
2.315.232.557.01	161	599	760	760	-
2.315.237.557	5529	217	5746	5746	-
2.315.238.557	8400	(3100)	5300	5247	53
2.315.240.557	96		96	90	6
2.315.256.557	4400	(2852)	1548	1548	-
2.557.267.001		617586	617586	617586	
2.557.300.000	118550	(1312)	117238	115429	1809
2.315.321.557	800		800	579	221
2.315.340.557	87000		87000	79986	7014
2.557.350.000	332700	(13290)	319410	303211	16199
2.315.351.557	45000		45000	38192	6808
2.555.355.557	92000		92000	89071	2929
2.557.361.000	340000	(15000)	325000	318149	6851
2.557.361.001	25000	15000	40000	20825	19175
2.557.362.000	183094	11262	194356	193596	760
2.315.370.557	102		102	83	19
2.557.372.000	72000	3000	75000	71864	3136
2.315.375.557	350		350	308	42
2.315.400.557	199911		199911	197625	2286
2.315.491.557	5000	130	5130	5130	-
<b>TOTAL</b>	<b>\$ 1740028</b>	<b>\$ 626850</b>	<b>\$ 2366878</b>	<b>\$ 2290500</b>	<b>\$ 76378</b>

SAN FRANCISCO  
GENERAL HOSPITAL



DEPARTMENT OF PUBLIC HEALTH - COMMUNITY MENTAL HEALTH SERVICES

OTHER THAN PERSONAL SERVICE ACCOUNTS

Account Number	1962-63 Budget Allowance	Adjust- ments	1962-63 Adjusted Allowance	Expended and Encumbered	Balance
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Administration

2,561,200.000	\$ 3186	\$ 1803	\$ 4989	\$ 3677	\$ 1312
2,561,203.000	200		200		200
2,312,216.561	240	50	290	264	26
2,561,267.000	158828	20202	179030	172084	6946
2,561,300.000	1200		1200	1068	132
2,315,321.561	250		250	128	122
2,315,400.561	649		649	545	104
2,561,800.000	100		100	55	45

Adult Guidance Center

2,563,200.000	1900		1900	1414	486
2,563,200.010	50		50		50
2,563,203.010	800		800	784	16
2,563,300.000	1293		1293	1183	110
2,563,300.010	225		225	67	158
2,563,361.000	18000		18000	16872	1128
2,563,361.010	1750		1750	903	847
2,563,362.000	1000		1000	218	782
2,315,400.563	1574		1574	1530	44
2,563,800.000	35		35	35	

Child Psychiatric Clinic

2,565,200.000	803		803	569	234
2,565,203.000	300		300	242	58
2,565,300.000	563		563	550	13
2,315,400.565	1919		1919	1570	349
2,565,800.000	300	(120)	180	180	
2,245,880.565	11700		11700	11700	

Institutional Services

Administration

2,567,200.000	728	147	875	776	99
2,315,240.567	90		90	55	35
2,567,300.000	175		175	170	5

Psychiatric Observation

2,567,300.020	2000		2000	1960	40
2,567,350.020	23000		23000	23000	
2,567,361.020	7392		7392	7361	31
2,567,362.020	1164		1164	1141	23
2,315,400.567.020	3511		3511	2587	924



DEPARTMENT OF PUBLIC HEALTH - COMMUNITY MENTAL HEALTH SERVICES (Cont'd)

OTHER THAN PERSONAL SERVICE ACCOUNTS

Account Number	1962-63 Budget Allowance	Adjust- ments	1962-63 Adjusted Allowance	Expended and Encumbered	Balance
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Institutional Services

Psychiatric Treatment

2.567.200.030	\$ 425	\$	\$ 425	\$ 31	\$ 394
2.567.300.030	3605		3605	2958	647
2.567.350.030	18700		18700	15289	3411
2.567.361.030	5445		5445	5336	109
2.567.362.030	1168		1168	691	477
2.315.400.567.030	12224		12224	11066	1158

Adult Psychiatric Clinic

2.567.200.040	350		350	241	109
2.567.300.040	150		150	135	14
2.315.400.050	1572		1572	1546	26

Referral

2.567.200.050	1296		1296	1191	105
2.567.300.050	300		300	28	272
2.315.400.050	2338		2338	2219	119

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TOTAL	\$ 292498	\$ 22082	\$ 314580	\$ 293420	\$ 21160
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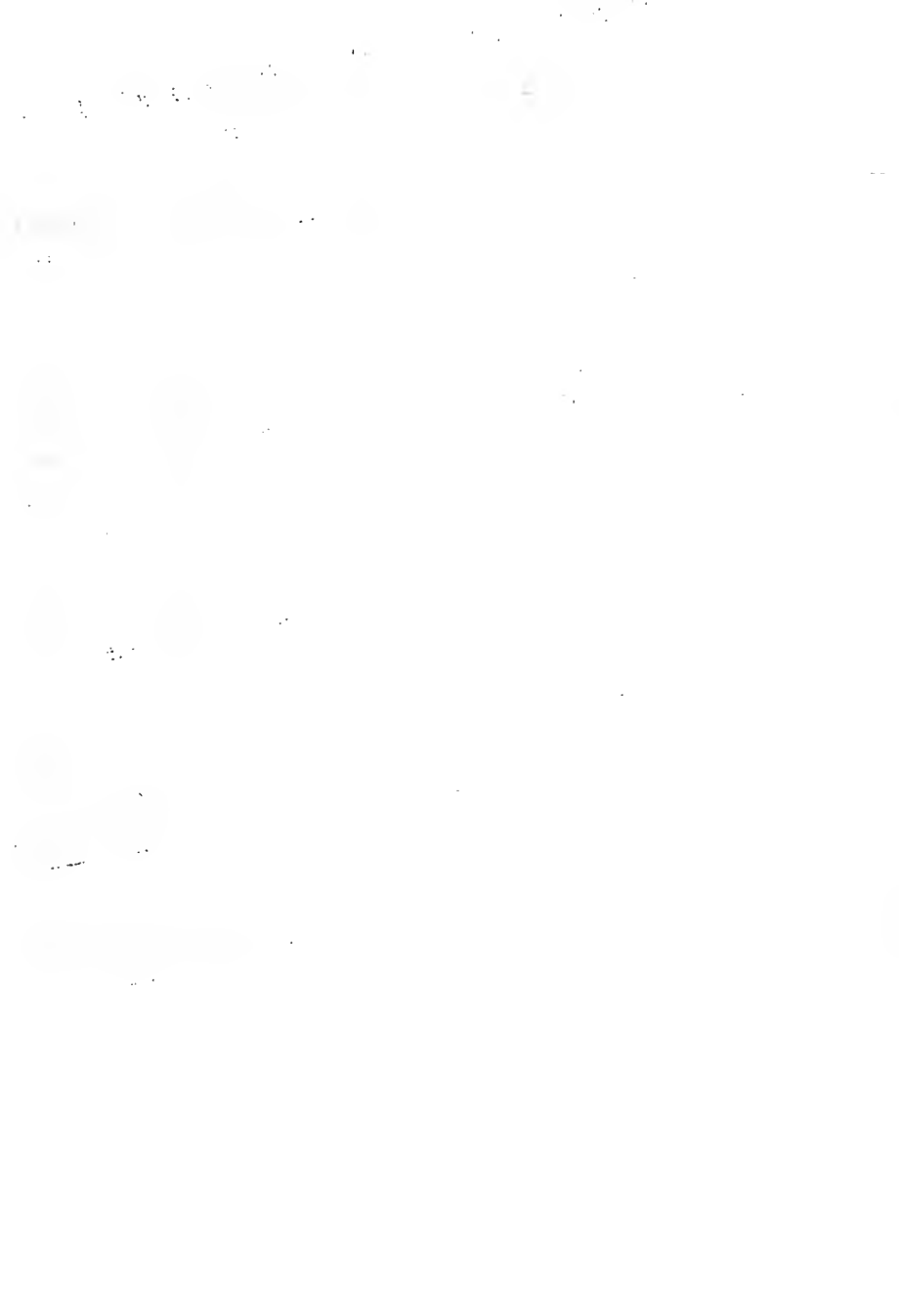
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COMMUNITY MENTAL  
HEALTH SERVICES

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DEPARTMENT OF PUBLIC HEALTHCOMPARISON OF BUDGET ESTIMATE WITH ACTUAL REVENUESFISCAL YEAR 1962-1963CENTRAL OFFICE

Revenue Account No.	Source	Budget Estimate	* Actual Receipts
3103	Public Eating Places	\$ 140000	\$ 139356
4501	Penalties	950	898
6538	Salary Refund (Federal)	36000	35369
6540	Special Public Health Assistance Funds	165000	169725
6760	Crippled Children's Services (State)	350000	393863
6785	Alcoholic Rehabilitation (State)	17000	14000
6786	Mental Health Services (State)	675000	648873
7502	Milk Inspection	160000	153865
7526	Food Vehicle Permits	365	365
7527	Poultry Dealers	1100	1120
7528	Salvaged Goods	40	40
7543	Fumigation Inspection	100	80
7544A	Laundry Renewals	3000	2915
7544B	Laundry Openings	900	780
7549	Refuse Collectors	1093	750
7562	Massage Parlors	150	150
7581	Birth Certificates	37500	40248
7582	Death Certificates	72000	78434
7583	Removal Permits	10000	10566
7590	Burial Refunds	4500	30919
7590	Travel Certificates	9000	11650
7590	Filing Fees	8000	28840
7590	Miscellaneous Revenues	2000	382
7625	Adult Guidance Center (Patients)	6500	5420
7626	Nalline Clinic	7500	8694
7660	Crippled Children's Services (Parents)	10000	12965
7669	Sheriff's Transportation	3000	5492
7686	Child Psychiatric Clinic (Parents)	1000	1356
<u>TOTAL - CENTRAL OFFICE</u>		<u>\$1721698</u>	<u>\$1797115</u>

\*Includes Accounts Receivable as well as fees received.



DEPARTMENT OF PUBLIC HEALTH

COMPARISON OF BUDGET ESTIMATE WITH ACTUAL REVENUES

FISCAL YEAR 1962-1963

INSTITUTIONS

Revenue Account No.	Source	Budget Estimate	* Actual Revenue
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HASSLER HEALTH HOME

6539	Tuberculosis Subsidy	\$ 98000	\$ 98000
7631	Care of Patients	<u>250000</u>	<u>250000</u>
<u>TOTAL HASSLER HEALTH HOME</u>		<u>348000</u>	<u>348000</u>

LAGUNA HONDA HOSPITAL

7611	Care of Patients	\$ 4513624	\$ 5101482
7611A	Rehabilitation	470000	337658
7612	Miscellaneous	<u>1300</u>	<u>1447</u>
<u>TOTAL LAGUNA HONDA HOSPITAL</u>		<u>\$ 4984924</u>	<u>\$ 5440587</u>

SAN FRANCISCO GENERAL HOSPITAL

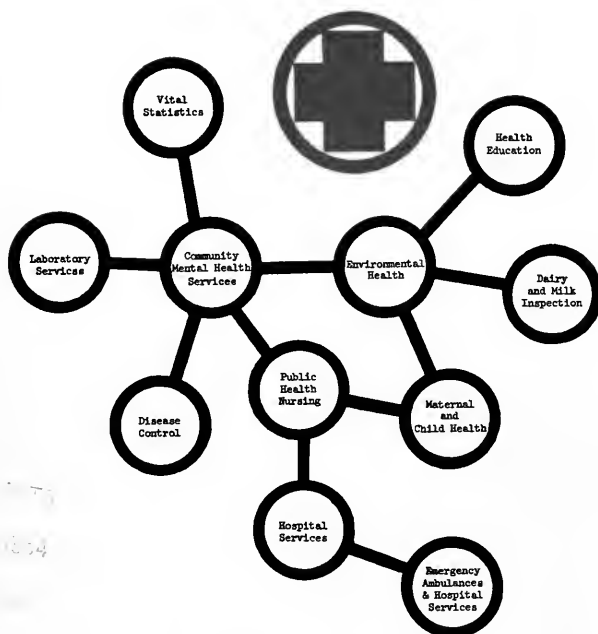
7601A	Care of Patients	\$ 555000	\$ 588522
7601B	Care of Patients P.O.	75000	89076
7601C	Care of Patients P.T.	55000	57656
7601D	Care of Patients O.P.C.	2500	1823
7602	Meal Tickets	5000	6584
7603	Miscellaneous	1000	1872
7604	Care of Compensation Cases	80000	108382
7606	Care of Public Assistance Patients	646000	729327
6539	Tuberculosis Subsidy	<u>145000</u>	<u>145000</u>
<u>TOTAL SAN FRANCISCO GENERAL HOSPITAL</u>		<u>\$1564500</u>	<u>\$ 1828242</u>

<u>TOTAL INSTITUTIONS</u>	<u>\$6897424</u>	<u>\$ 7616829</u>
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<u>TOTAL DEPARTMENT PUBLIC HEALTH</u>	<u>\$8619122</u>	<u>\$ 9413944</u>
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\*Includes Accounts Receivable as well as fees received.

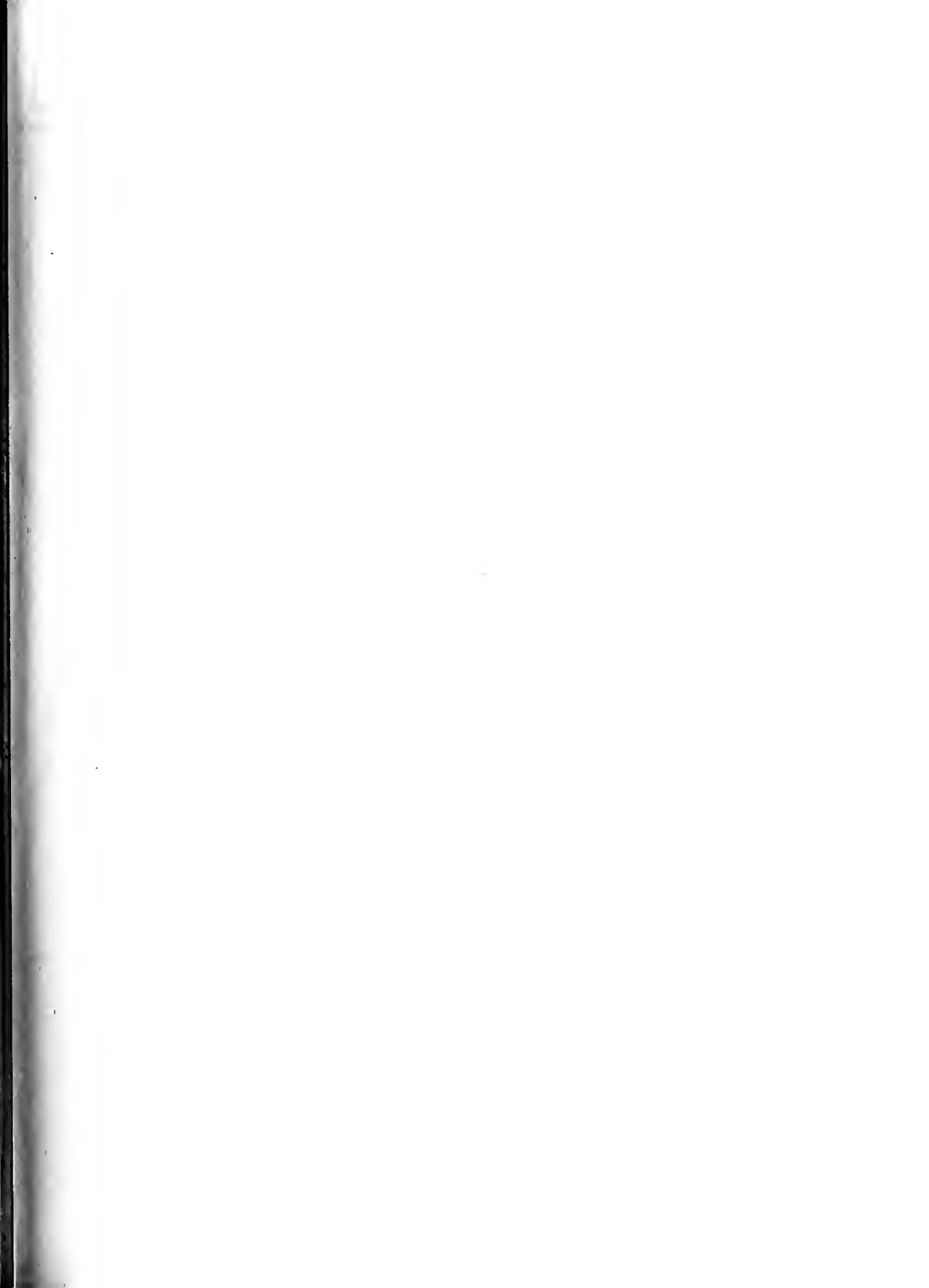




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S.F. PUBLIC HEALTH

# San Francisco Department Of Public Health Annual Report 1963 & 4









CITY AND COUNTY OF SAN FRANCISCO  
DEPARTMENT OF PUBLIC HEALTH

CENTRAL OFFICE  
101 GROVE STREET  
ZONE 2

September 3, 1964

Through Mr. Thomas J. Mellon  
Chief Administrative Officer

The Honorable John F. Shelley  
Mayor, City and County of San Francisco

Dear Mayor Shelley:

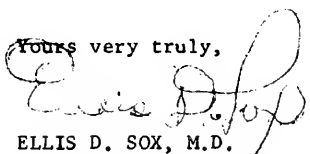
Pursuant to the provisions of Section 20 of the Charter, the Annual Report of the Department of Public Health of the City and County of San Francisco is submitted herewith.

This report describes generally the organization and activities of the Department of Public Health in the three major fields in which we serve the people of San Francisco. These fields are: public health and preventive medicine, medical care, and mental health services.

This report reflects the activities of more than 3,300 employees of the Department and of many hundreds of volunteers who gave thousands of hours to assist us in meeting our responsibility. The impact of the efforts of these dedicated employees and volunteers is enhanced also by the work of the Health Advisory Board, appointed by the Chief Administrative Officer, and the Mental Health Advisory Board, appointed by the Board of Supervisors.

The report includes a brief description of our major activities, with some suggestions as to the trends for the future. You are aware, of course, of the fact that during the past year the Chief Administrative Officer negotiated with the San Francisco Hospital Conference for a study of all of our medical care facilities. During the coming twelve to eighteen months much work will involve those in this Department and those in other departments with whom we must work toward the development of a sound long-term plan for the provision of medical care services for which we are responsible. We will continue the expansion of our preventive medical services as we develop additional health centers, the first of which is now under construction.

Yours very truly,



ELLIS D. SOX, M.D.  
Director of Public Health

1. Purpose of the Study

The purpose of this study is to determine the effect of the new drug on the health of the population.

The study was conducted in a controlled environment, and the results are as follows:

The results of the study are as follows:

The results of the study are as follows: The new drug has been found to be effective in treating the disease, and the results are as follows:

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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D.C. 20535

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HEALTH ADVISORY BOARD

HEALTH ADVISORY BOARD

CHIEF ACCOUNTING OFFICER

ASSISTANT DIRECTOR OF PUBLIC HEALTH  
HOSPITAL SERVICES

1	
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**CHILD PSYCH.  
OUT-PATIENT**

S. F. G. H.

114

1000

1000

1001

100

NALLINE CLINIC

CHILDREN'S  
HOSPITAL  
BRANCH  
CLINIC

2107  
VAN NESS  
AVENUE

JAIL  
CLINIC

MOULT  
PSYCHIA-  
TRIC OUT-  
PATIENT

IMMEDIATE  
PSYCHIATRIC  
AID AND  
REFERRAL  
CENTER

IN-  
PATIENT

1

1

BUREAU OF  
DAIRY  
& MILK  
INSPECTION

BUREAU OF  
HEALTH  
EDUCATION

CHEMISTRY  
LABORATORY

**MICRO-  
BIOLOGY  
LABORATORY**

BUREAU OF  
SANITATION  
AND HOUSING  
INSPECTION

---

BUREAU OF  
MATERNAL  
& CHILD  
HEALTH

BUREAU OF  
PUBLIC  
HEALTH  
NURSING

BUREAU OF  
DISEASE  
CONTROL &  
PUBLIC HEALTH

BUREAU OF  
RECORDS &  
STATISTICS

**MEDICAL  
SERVICES**

CRIPPLED  
CHILDREN'S  
SERVICES

DIVISION OF  
VD CONTROL

DIVISION OF  
TB CONTROL

DIVISION  
OF DENTAL  
HEALTH

COMMUNICABLE DISEASE,  
CHRONIC DISEASE, &  
OCCUPATIONAL HEALTH  
SERVICES

## FIVE HEALTH DISTRICTS

AUGUST 1964



BUREAU OF RECORDS AND STATISTICSBIRTH AND DEATH REGISTRY

During the fiscal year 1963-64, the number of births registered was 19,870, about one-half of one percent less than the 19,957 registered the previous fiscal year. Recorded deaths decreased by about the same percent, from 10,297 in 1962-63 to 10,250 in 1963-64. Fetal death registration increased from 237 to 241 for the same periods.

Revenue for the fiscal year showed an overall increase of 2.2% to \$132,070 in 1963 to 1964 from \$129,248 in 1962-53. The amount for certified copies of births increased 6.5% from \$40,248 in 1962-63 to \$42,868 in 1963-64. The money collected for certified copies of deaths increased by 0.4% but the fees collected for removal permits decreased by 1.1%. Income for certified copies of deaths was \$78,658, for removal permits \$10,456 and for searches \$88. There was a sharp drop of 662 or 12% in the overall number of fees waived; free copies of death certificates decreased by 21% but births increased by 3%.

<u>REGISTRATIONS</u>	<u>FISCAL YEAR</u>			<u>Change 1963-64 from 1962-63</u>	<u>Percent Change</u>
	<u>1961-62</u>	<u>1962-63</u>	<u>1963-64</u>		
Births	20,531	19,957	19,870	-87	-0.4
Deaths	10,222	10,297	10,250	-47	-0.5
Fetal Deaths	257	237	241	4	1.7
<u>CERTIFIED COPIES</u>	<u>61,232</u>	<u>64,611</u>	<u>65,640</u>	<u>1,029</u>	<u>-1.6</u>
Births	22,670	22,255	23,649	1,394	5.9
Deaths	38,562	42,356	41,991	-365	-0.9
<u>TOTAL FEES COLLECTED</u>	<u>\$123,986</u>	<u>\$129,248</u>	<u>\$132,070</u>	<u>\$2,822</u>	<u>2.2</u>
Certified copies of births	\$ 41,132	\$ 40,248	\$ 42,868	\$2,620	6.5
Certified copies of deaths	\$ 72,235	\$ 78,365	\$ 78,658	\$ 293	0.4
Removal permits, deaths & fetal deaths	\$ 10,579	\$ 10,568	\$ 10,456	\$ -112	-1.1
Receipts for Searches	\$40	\$ 67	\$ 88	\$ 21	31.3
<u>FEES WAIVED</u>	<u>4,686</u>	<u>5,492</u>	<u>4,830</u>	<u>-662</u>	<u>-12.1</u>
Births	2,122	2,104	2,168	64	3.0
Deaths	2,564	3,388	2,662	-726	-21.4





The provisional estimate of San Francisco's population for July 1, 1963, made by the California State Department of Finance was 749,900, an increase of 4,400 over the 1962 estimate of 745,000 and 9,584 or 1.3% over the April 1, 1960 census figure of 740,316. The white population was estimated at 594,600 or 79.3% of the total and the nonwhite at 155,300 or 20.7%.

Tentative and provisional birth and death rates for the United States, California and 4 Bay Area counties for the calendar years 1960-63 and final figures for San Francisco based on enumerated population for 1960 and estimated populations for 1961-63 are:

#### BIRTH RATES PER 1,000 POPULATION

<u>YEAR</u>	<u>U.S.</u>	<u>CALIF.</u>	<u>ALAMEDA</u>	<u>CONTRA COSTA</u>	<u>MARIN</u>	<u>SAN FRANCISCO</u>	<u>SAN MATEO</u>
1960	23.6	23.7	22.9	22.8	22.9	19.9	22.5
1961	23.4	23.2	22.9	22.3	21.8	19.8	21.8
1962	22.4	22.1	21.7	20.7	20.7	19.0	20.6
1963	21.6	21.5	21.5	19.5	19.3	18.5	19.7

#### DEATH RATES PER 1,000 POPULATION

1960	9.5	8.6	9.3	6.3	7.2	13.3	6.5
1961	9.3	8.3	9.0	6.1	6.5	13.1	6.5
1962	9.5	8.2	8.9	5.9	6.8	13.1	6.5
1963	9.6	8.4	9.3	6.1	6.5	13.3	6.6

1963 saw a continuation of the downward trend in crude birth rates begun in 1957, when the postwar baby boom reached its peak. The U.S. birth rate decreased 8.5% from 1960 to 1963; California's decrease was 9.3% and five Bay Area counties showed decreases varying from 6% in Alameda County, 7% in San Francisco to nearly 16% in Marin County. The number of resident births in San Francisco was 13,839 in 1963, a decrease of 338 or 2.4% from 1962, and 889 or a 6% decrease in number from 1960. Resident deaths in San Francisco in 1963 increased to 10,004, 227 or 2.3% more than in 1962.

TABLE 1, Deaths from Important Causes for San Francisco, California and United States lists 1963 final figures for San Francisco residents, provisional 1963 figures for the U.S. and provisional 1962 figures for California. The first four causes of death are the same in each of the jurisdictions, heart disease, cancer, vascular lesions of the central nervous system and accidents in that order; as percents of all deaths, the figures are about the same but the rates are, as usual, considerably higher in San Francisco, next highest in the U. S. and lowest for California because of the higher proportion of older people in San Francisco. Again in 1963 as in 1962, cirrhosis of the liver was the fifth cause in San Francisco, seventh in California and ninth in the U.S.; the rate in San Francisco was three times that for California and five times that of the U.S. Other parts of the U.S. had a serious outbreak of respiratory diseases in 1963 so that pneumonia and influenza advanced from the sixth cause to fifth on the list. The two diseases remained in sixth place in both California and San Francisco. Though influenza and pneumonia caused a larger percent of deaths in the United States, the rate for San Francisco was higher as in 1962. In California "certain diseases of early infancy" remained in fifth place but decreased to sixth in the U.S. and eighth in San Francisco, chiefly because of the fewer number of births. Emphysema advanced to tenth cause in San Francisco but remained in twelfth and thirteenth place in California and the U.S. respectively. Tuberculosis rates remained the same in California and the U.S. but increased from 7.8 per 100,000 population in San Francisco in 1962 to 9.9 in 1963.



TABLE 1  
DEATHS FROM IMPORTANT CAUSES  
SAN FRANCISCO, CALIFORNIA AND UNITED STATES, 1963

CAUSE OF DEATH	RANK			RATE PER 100,000 POPULATION			PERCENT OF TOTAL DEATHS		
	S.F.	CAL.*	U.S.	S.F.	CAL.*	U.S.	S.F.	CAL.*	U.S.
ALL CAUSES	-	-	-	1334.0	828.4	961.6	100.0	100.0	100.0
Heart Diseases	1	1	1	503.0	314.5	374.0	37.7	38.0	33.9
Malignant Neoplasms	2	2	2	228.8	136.5	152.2	17.2	16.5	15.8
Vascular Lesions C.N.S.	3	3	3	133.8	87.2	106.5	10.0	10.5	11.1
Accidents	4	4	4	70.5	50.6	53.4	5.3	6.1	5.6
Cirrhosis of Liver	5	7	9	65.7	19.1	12.3	4.9	2.3	1.3
Influenza and Pneumonia	6	6	5	42.1	25.6	36.9	3.2	3.1	3.8
Suicides	7	8	11	30.3	16.5	10.7	2.3	2.0	1.1
Certain Diseases of Early Infancy	8	5	6	29.9	31.4	33.0	2.2	3.8	3.4
Arteriosclerosis	9	9	7	21.3	15.7	19.6	1.6	1.9	2.0
Emphysema	10	12	13	19.2	10.0	6.1	1.4	1.2	0.6
Aortic Aneurysms	11	14	15	14.8	6.6**	4.6	1.1	0.8**	0.4
Diabetes	12	11	8	13.5	10.2	17.5	1.0	1.2	1.8
Ulcers of Stomach and Duodenum	13	13	12	11.7	7.1	6.2	0.9	0.9	0.6
Congenital Malformations	14	10	10	10.8	11.6	11.0	0.8	1.4	1.1
Tuberculosis	15	17	14	9.9	3.7	5.1	0.7	0.4	0.5
Hernia and Intestinal Obstruction	16	15	14	9.1	4.7	5.1	0.7	0.6	0.5
Chronic and Unspecified Nephritis	17	16	12	6.8	4.3	6.2	0.5	0.5	0.6
All Others	-	-	-	112.8	73.1	101.2	8.5	8.3	10.9

SOURCES: San Francisco: Department of Public Health Records  
 California: Communications from State Department of Public Health  
 \* Provisional 1962 figures \*\*1960 figures  
 United States: Monthly Vital Statistics Report, Vol. 13, No. 1,  
 March 23, 1964 provisional figures for 1963.



## PERSONNEL DIVISION

The Personnel Division is responsible for preparing and/or processing documents concerning personnel transactions, and coordinating the procedures required by the City Charter, local ordinance, and the Civil Service Commission in personnel matters. During the fiscal year 1963-64, the Personnel Division issued 677 permanent requisitions, 657 temporary requisitions, and 1319 extensions of temporary employment. This compares with 868 permanent requisitions, 765 temporary requisitions, and 1664 extensions of temporary employment in the fiscal year 1962-63.

In December, 1962 a salary ordinance amendment reclassified 66 positions in our Department. In March and April, 1963 documents were prepared for the reclassification of an additional 194 positions effective July 1, 1963. With these reclassifications, and the reclassifications and retitling accomplished in the previous year, and the quarterly reclassifications up to July 1, 1964, approximately 97% of our positions are now designated with the new classification code numbers and titles.

In the past year the Department has initiated, with the cooperation of the Civil Service Commission, an in-service training program for 2304 Psychiatric Orderlies. This program gives an opportunity for 2302 Orderlies to meet the qualifications to participate in a civil service examination for advancement to the Psychiatric Orderly classification.

The distribution of personnel in our major divisions is as follows:

	<u>1963-64</u>	<u>1962-63</u>
San Francisco General Hosp.	1434	1461
Laguna Honda Hospital	867	884
Central Office	456	456
Comm. Mental Health Serv.	226	225
Hassler Health Home	105	117
Emergency Hospital Service	<u>97</u>	<u>97</u>
Total	3185	3240

This decrease in personnel is occasioned by the transfer of Gardeners and maintenance personnel to the Department of Public Works.

The four classifications listed below are the largest in number of employees in our Department, and include over 40% of our total employees. An analysis of the separations in these jobs in our institutions discloses the following turnover rates:

		<u>1963-64</u>	<u>1962-63</u>
Registered Nurses:	S. F. General Hospital	42.05%	42.42%
	Laguna Honda Hospital	24.17%	14.15%
	Hassler Health Home	35.71%	14.29%
Orderly:	S. F. General Hospital	14.79%	16.42%
	Laguna Honda Hospital	25.78%	25.32%
	Hassler Health Home	12.00%	16.00%



		<u>1963-64</u>	<u>1962-63</u>
Porter:	S. F. General Hospital	08.76%	11.89%
	Laguna Honda Hospital	30.43%	68.18%
	Hassler Health Home	07.69%	46.15%
Kitchen Helper:	S. F. General Hospital	10.81%	20.27%
	Laguna Honda Hospital	20.78%	9.59%
	Hassler Health Home	15.79%	31.58%

The high level of cooperation of supervisory personnel in our Department with the Personnel Division has greatly assisted in preparing and expediting official personnel documents.

The cooperation of the staff of the Civil Service Commission has been of great help to us at all times.





## BUREAU OF DISEASE CONTROL AND ADULT HEALTH

The Bureau has program responsibility for communicable disease control and adult health. In the areas of venereal disease and tuberculosis control, the Bureau has within it two independently functioning Divisions with a full time public health physician in charge; their respective reports follow this section. The Bureau, exclusive of these Divisions, is staffed by four half-time physicians, three clerks, one supervising public health nurse, and Bureau Director and has the operational responsibility for the control of all other communicable diseases with related epidemiologic problems, as well as promoting adult health, i.e., occupational health, accident prevention, chronic disease control, and rehabilitation. For ease in presentation, these may be considered to be:

1. Division of General Communicable Disease and Epidemiology
2. Division of Occupational Health and Accident Prevention
3. Division of Chronic Disease and Rehabilitation

It should be stressed that the above divisional activities are carried out by the same staff. Considering the Bureau's diverse activities, full time public health trained physicians should be recruited to replace the existing half-time physician assignments. Requests will be made so 2 half-time physician-specialist positions can be consolidated when and if the full time physician with the proper background can be found.

### ACTIVITY REPORT - 1963

	<u>Units</u>
Reports - Tabulation - Follow-up	9,431
Epidemiologic Consultations, Investigations and Inspections	5,358
Animal Bite Follow-up and Consultation	6,302
Massage and Tattoo Parlor Permit Supervision	273
Immunization Validations	12,630
Special Services (City Prison)	<u>4,036</u>
	38,030

### GENERAL COMMUNICABLE DISEASE AND EPIDEMIOLOGY

The half-time epidemiologist-physician consultants are the medical staff for the control of communicable diseases. They are available to visit in the home of persons suspected of having a communicable disease, give advice about isolation if a diagnosis is made and what need be done as far as contacts. In addition to the home visits, one is on duty at the Health Department each morning to diagnose cases that are referred in; also gives telephone consultations to public health staff, local physicians, as well as concerned parents, diseased persons, etc. These physicians and the remaining staff keep under observation carriers or contacts of typhoid fever, other enteric diseases, and leprosy, securing appropriate specimens for diagnostic tests when necessary. There are specialized epidemiologic investigations undertaken with a variety of other diseases, i.e., infectious hepatitis, as well as non-communicable diseases such as tetanus, lead poisoning, etc. When, and if full time physician-specialist staff is recruited, some of these activities may be shifted to the District Medical Staff.



The Bureau collects, tabulates and prepares periodic reports of reportable disease notifications sent to it by hospitals, private physicians, and public health clinics. In 1963, 9,431 such reports were handled. The information contained is essential in instituting an epidemiologic investigation of the sources of infection, thereby uncovering other infected persons capable of passing on their infections. This is of particular importance in cases of typhoid fever, tuberculosis, and syphilis. Related to this is a relatively new regulation of the California State Board of Public Health which requires local health department notification by clinical laboratories when examinations of appropriate specimens show evidence of typhoid fever, diphtheria, tuberculosis, syphilis and gonorrhea. It is the responsibility for the health department to follow up these leads to possible infection and institute control measures when applicable.

In 1963, 2,093 animal bites were reported. The Bureau staff receives these reports from physicians, the police, emergency hospitals, medical facilities, the person bitten, or his family. We are especially interested in the investigation of all animal bites as we are surrounded by endemic rabies areas with an accompanying increased risk of infections in our dog population. In January 1963, after consultation with local agencies and the Police Department, new practices were put into effect to improve the quality of animal bite investigations carried on by the Police Department. The changes were a new series of forms and procedures which have proven remarkably effective in securing the information required by medical authorities in handling victims of bites. In 1962 approximately 40% of cases referred for investigation did not produce a report. We are now able to secure a satisfactory disposition in 99+% of bite reports referred for investigation. In mid-1963 we were able to arrange with the 4 Emergency Hospitals to initiate investigations at the time they treat the bite, which avoids delays.

We are required by international regulation to certify immunization certificates of vaccination. A fee of \$1.00 is charged for this certification, and in 1963 \$12,630 was secured from this for the General Fund, which reflects a gradual increase from 8,590 certifications 5 years previously. Associated with the service is health counseling for foreign travel. Educational materials are distributed to all travelers, pointing out general health safeguards for overseas travel.

Local ordinance charges us with the authority to issue permits for the operation of massage parlors and bath houses. In addition to the initial investigation, Health Department personnel of this Bureau make semi-annual visits to supervise their sanitary operation. Most of the problems related to these establishments are in relation to the enforcement of the criminal code by the Police Department, i.e., prostitution. We have joined with the Police Department and responsible representatives of the industry in drafting a new ordinance which takes cognizance of the current situation. It will transfer to the Police Department the power to issue permits and, therefore, the power to revoke them. This was presented to the Board of Supervisors Police Committee who in turn referred the matter to the City Attorney's office for a legal review. We hope this or a comparable ordinance will be put into effect which will allow adequate remedies of massage parlor operations. As of July 1964, the re-drafted ordinance is being readied for presentation.



Our careful supervision of tattoo parlors in the city, with the absence of any reports of infectious disease being transmitted therein, suggests the success of our program.

The Bureau staff is available for various programs for the control of communicable diseases. It actively participated in the K O Polio program. Through education and personal involvement it tries to increase the level of immunization of special risk populations against influenza, tetanus, and smallpox. Developments may require it to fulfill its inescapable responsibility for the control of communicable disease as set forth in the State Health and Safety Code, by initiating budget requests for equipment, vaccines and staff to undertake specific programs.

#### OCCUPATIONAL HEALTH AND ACCIDENT PREVENTION

A general pattern is evolving whereby departments of public health are recognizing and accepting the responsibility to provide preventive medical services to 40% of the population currently receiving little or none - the working population. A recent San Francisco survey, undertaken in conjunction with the Department of Preventive Medicine of the University of California Medical Center, conclusively demonstrates the absence of preventive medical services available to San Francisco's workers at their place of employment. One striking example reveals that 70% of the firms use one or more chemicals which commonly cause occupational disease, with only 50% having any sort of self-monitoring program. Until this Health Department finds itself able to offer specific and necessarily specialized services in work settings with potential health hazards, the Bureau staff will continue to act for the department in working with local groups, including the San Francisco Civil Service Commission, employee organizations and employers in a consultative capacity. We provide occupational health educational materials and promote utilization of outside resources. The level of service offered by the San Francisco Department of Public Health is not comparable to such neighboring counties as San Mateo, Alameda, and Santa Clara, which have trained full-time personnel working exclusively in this field. The Bureau's epidemiologist staff investigate occupational disease reports referred to it by the State Department of Public Health. Our Bureau of Food and Sanitary Inspection on occasion provides field investigations, conducted by a few staff members who have benefited by a limited in-service training course conducted by the State Department of Public Health in Berkeley. Similarly, Public Health Nursing has been able to give assistance when indicated.

The Bureau has made, and will again make, a budget request for a new position of Industrial Hygiene Engineer, a person who, by training and experience, will be able to provide the technical direction to the program. Existing personnel and equipment at the Department's Chemistry Laboratory have been surveyed by a team from the Bureau of Occupational Health of the State Department of Public Health, and they report that our Department from a laboratory point of view is currently capable of performing many measurements required in environmental sanitation. Unfortunately, without technical direction in sample collection, we are unable to take advantage of these resources.

The Department is vitally concerned with the conditions which cause more physical impairments among the general population than any disease, and which is the first cause of death from age one through age thirty-five. This, of course, is accidents. We have participated with various government and voluntary agencies in helping to develop limited and community-wide programs to reduce accidents.



## CHRONIC DISEASES AND REHABILITATION

Our aging population, with their greater degree of chronic illness, needs altered approaches and, therefore, health department programs. Of particular concern is the availability of out-of-hospital care for the chronically ill in San Francisco which is more often related to diagnosis, age, and a whole gamut of other eligibility requirements instead of the patients' needs. While this group may now be receiving adequate care, there is a tendency to concentrate upon those whose needs outside of the immediate medical problem are limited and whose rehabilitation to an independent and productive life is possible in the foreseeable future. This situation is reinforced by the disease, rather than the health orientation of medical workers, institutions, and agencies.

There has been no Health Department structure to routinely provide service in depth when needed, nor to plan a program capable of developing preventive services for the chronically ill and aging at a level comparable to that offered in the various Maternal and Child Health Programs. We are attempting to bring into more equitable balance our activities to the entire community by strengthening services to be offered from the District Health Centers for persons with chronic illness.

In addition to its consultative role within the Department, the Bureau works with voluntary community agencies in developing various projects and facilitates the channeling of federal and state support for them. We are actively participating with the S.F. Homemaker Service in developing and providing in-home services. The possible combinations such services can provide utilizing the district public health staff, plus homemaker-aides and public health social workers, offers many opportunities of slowing and even reversing the progress of disease. In addition to this obvious benefit, the patient can be kept out of a hospital or nursing home bed. This program, along with the Home Care Program of the San Francisco General Hospital which is carried on in cooperation with the Visiting Nurses Association, with which the Department contracts for bedside nursing, and with other voluntary agencies, will enable the Department and the community to better meet our responsibilities in this field. Ultimately we expect that many patients "at home" from both public and private hospitals will benefit from this program now developing.

The Bureau is working with interested community groups in developing relatively small chronic disease screening or detection programs, i.e., glaucoma, cervical cancer, and diabetes.





DIVISION OF VENEREAL DISEASE CONTROL

STATISTICAL REPORT - S.F. CITY CLINIC

<u>Fiscal Year:</u>	<u>1959-60</u>	<u>1960-61</u>	<u>1961-62</u>	<u>1962-63</u>	<u>1963-64</u>
Cases Diagnosed and Treated	3,302	3,870	4,755	5,701	6,210
Syphilis	523	598	*879	*989	*1,054
Gonorrhea	2,773	3,269	3,876	4,709	5,155
Other Venereal Diseases	6	3	0	3	1
Epidemiologic Investigations	4,176	5,774	6,116	7,551	7,529
New Patients Admitted	4,559	5,031	5,423	6,017	6,647
Readmissions	3,670	4,215	4,795	5,775	6,284
Laboratory Tests	38,066	39,001	41,833	45,633	47,577
Total Patient Visits	28,258	29,309	30,826	34,148	34,229

1961-62 - 387  
 \*Epidemiologic Diagnoses: 1962-63 - 447  
 1963-64 - 551

Since the sources of reporting have shown no significant percentage changes, it is felt that the Division's clinic activities continued to reflect the problem as it developed in the Community. While there was an overall increase in cases diagnosed and treated, the increase was not as great as in the previous year.

In syphilis there was a decrease in diagnosed disease, the increase noted having been in the category of epidemiologic diagnoses. Intensive control efforts can take much of the credit if the seeming improvement is real.

In gonorrhea, on the other hand, there was an increase in diagnosed cases, though not in the same proportion as during 1962-1963. The treating physician continues to be plagued with serious problems, which make practical control a hope for the future. These are a high degree of infectiousness, a short incubation period, difficulties in making diagnoses in females, and increasing resistance to penicillin and alternate forms of therapy. Failure of treatment with penicillin has been partially overcome by increasing the dosage. Alternate drugs are usually oral preparations and more costly than penicillin. They require patient cooperation in taking the medications as prescribed, which is a serious limiting factor. A significant adjunct to the laboratory diagnosis of gonorrhea was recently added to our Health Department Laboratory, a new culture medium. While there are now fewer false positives and possibly fewer false negatives, the test is not as accurate and quick as the one using the fluorescent anti-body technique for which the laboratory has the equipment but no personnel.



During the year, increasing emphasis was placed upon informing the public, especially high-school-age children, about the venereal diseases. All secondary schools and several selected junior high schools that had not been previously included were visited by members of the Division's staff. Talks were given on those aspects of the diseases it was felt these people should know. While the presentations were well received by students and faculty, it was agreed by both the Health and Education Departments that isolating and emphasizing one group of illnesses was not an effective teaching method. As a result of several discussions, it was concluded that a better plan would be for this material to be presented by knowledgeable teachers as one group of timely medical problems within the general health curriculum. Division personnel would assist in whatever capacity they might be needed. Beginning July 1, 1964, with funds made available by the U.S. Public Health Service, a full time Health Educator will be employed. While it is expected that this person will eventually expand her activities into all avenues of informing the public, she will initially make herself completely available to school authorities in the development of this program.

At the request of the officers of District #2 Council of P.T.A.'s, a series of four talks on venereal disease and related subjects, appropriately highlighted with printed materials, charts, and films, was given to council members. They felt that, with this knowledge, they could be helpful in developing the program in the schools.

In June, 1964, with assistance and encouragement by the S.F. Department of Public Health, San Francisco State College presented a one week inter-session course to teachers on those diseases that are problems in the Community today. One and one-half days were devoted to venereal diseases. Through Department efforts, several nationally known authorities on certain aspects of the problem were brought to San Francisco as speakers. There is a strong possibility that this may develop into an annual affair.

Venereal disease control efforts have been broadened to include a concerted effort in physician education--both in their offices (1963-64: 705 visits) and as members of hospital staffs. The State regulation requiring laboratories to notify the local health department of positive blood tests for syphilis, required the review and follow-up of 6,437 reports in 1963-64, in addition to those from the Health Department laboratory. Periodic visits are made to the laboratories covered by this regulation to assist them in compliance, which amounted to 163 visits to 73 laboratories in 1963-64.



## DIVISION OF TUBERCULOSIS CONTROL

The Division of Tuberculosis Control is a unit of the Bureau of Disease Control. It provides systematic services in finding, treating, regulating, and preventing tuberculosis. In some measure, it relates to practically all other programs and service bureaus of the Health Department in that at some time, and in variable degrees, it provides services which cross theirs.

### Programs and Results

#### A. Casefinding:

1. By X-Ray Detection: The Division maintains its own detection unit in the Central Office Building of the Health Department. It also participates with detection units provided by the San Francisco General Hospital and jointly provided by the San Francisco Tuberculosis and Health Association, the San Francisco Medical Society, North East Health Center and the County Jail. Results:

TABLE 1  
TUBERCULOSIS CASE FINDING BY X-RAY, 1963

<u>Unit Location</u>	<u>No. Films</u>	<u>Active TBC Found</u>	<u>Previously Unknown</u>	<u>Cancer Of Lung</u>
101 Grove Total	23,773	61	46	6
70 mm	22,344	21	18	2
14 x 17	1,429	40	28	4
San Francisco Hospital Admission Program	11,329	38	33	4
S.F. Jail #1	4,547	23	18	1
S.F. Medical Society	20,691	13	13	12
S.F. Tuberculosis Asscciation	46,671	33	32	13
North East Health Center	<u>2,742</u>	<u>7</u>	<u>6</u>	<u>0</u>
TOTALS	109,753	175	148	36

2. By School Tuberculin Testing: In this seventh year of this program in which students of grades 1, 7, 10 and 12 were tested, 35,395 students received tests of which 1,369 (or 3.9%) gave positive reactions. The follow-up of these reactors yielded 23 cases of active tuberculosis in the schools and 10 additional cases in family contacts, for a total of 33 cases.



3. By Contact Follow-up: Upon discovery of a new case, the epidemiological investigation of the contacts is usually completed within two months and almost regularly yields a high percentage of source of contact cases.

#### B. Case Reporting:

State law requires compulsory reporting of all active cases of tuberculosis. Additionally, it requires all state-licensed laboratories to report to local health agencies all positive bacteriological findings in tuberculosis cases. These reports are posted and maintained in the Division's Tuberculosis Registry which in turn initiates the epidemiological investigation and which maintains case records thereafter.

TABLE II  
REPORTED CASES AND DEATHS, CASE RATES, NUMBER OF DEATHS AND DEATH RATES

<u>RACES</u>	<u>POPULATION</u>	<u>NO. CASES</u>	<u>CASE RATE</u>	<u>NO. DEATHS</u>	<u>DEATH RATE</u>
Total All Races:	749,900	514	68.5	74	9.9
White	594,600	322	54.2	53	8.9
Negro	85,300	77	90.3	8	9.4
Chinese	40,800	67	164.2	10	24.5
Filipino	14,500	22	151.7	2	13.8
Japanese	10,800	14	129.6	1	9.3
Others	3,900	12	307.7	0	0

#### C. Case Isolation:

The State Health and Safety Code provides reasonable measures for the legal isolation of active cases of tuberculosis and sets penalties for violations. The Tuberculosis Control Division is thus legally empowered to act under these provisions and to prosecute if and when necessary.

#### D. Case Treatment:

The Tuberculosis Division of the San Francisco General Hospital has 249 beds for in-patient care. Hassler Health Home was closed as a tuberculosis facility on August 1, 1964. Under modern therapy for tuberculosis there is decreasing need for prolonged hospitalization, but the burden for care is transferred to the out-patient clinics where therapy may be continued for 18 months to an indefinite period depending on the amount and character of residual disease. The overloading at the Central Chest Clinic in the San Francisco General Hospital and the increasing frequency of delinquencies for treatment there made it necessary to seek Federal funds to establish decentralized clinics in areas of high prevalence and delinquency. Upon receipt of these funds in 1962, clinics were established in the Skid Row - Tenderloin area, Chinatown and the Fillmore-Westside district. Not only have these clinics sensationally reduced delinquency, but have served as excellent avenues for much needed health education. Results:





TABLE III  
CHEST CLINIC, SAN FRANCISCO HOSPITAL, 1950-1963

YEAR	TOTAL PT. VISITS	Pt. Visits for Treatment		Pt. Visits for Follow-up	
		Pneumoperitoneum and Chemotherapy		without Treatment Observation and Contacts	
		No.	%	No.	%
1950	26,139	3,833	14.7	22,306	85.3
1955	33,262	19,975	60.1	13,287	39.9
1960	29,039	25,966	89.5	3,343	11.5
1961	28,499	25,049	89.4	3,450	10.6
1962	31,337	28,645	91.4	2,692	8.6
1963	40,318	37,420	92.8	2,898	7.2

#### E. Case Prevention:

Following identification of an active case, an epidemiological investigation is held and all contacts are placed under immediate observation and periodically checked by X-Ray or tuberculin testing. Those who have had extensive close contact or those who have had recent conversion of their tuberculin reaction are placed under prophylactic treatment as also are all students in schools who present recent tuberculin conversions.

#### - PROBLEMS -

As in the previous two years, the number of newly reported cases of tuberculosis again increased during 1963. With 443 cases in 1961, 481 in 1962, and 514 in 1963, the San Francisco case rate rose from 59.5 to 68.5 per 100,000 population. While most of this increase can be attributed to improved and more efficient casefinding techniques, a considerable number of newly reported cases resulted from reactivation of old or inactive disease. These reactivations have mostly occurred for several reasons: (1) The patient did not have benefit of modern anti-tuberculous chemotherapy which became available through the years 1947-1954; (2) Sufficient and continuous therapy was not given during the active phase of the disease; (3) Acceptance of adequate or well supervised treatment was rejected for a variety of reasons, mostly because poor socio-economic conditions, outright recalcitrance, or chronic alcoholism.

Changing trends are making tuberculosis a more difficult and expensive disease to treat, because of the ever increasing emergence of strains of tubercle bacilli which are resistant to available anti-tuberculous drugs. These resistant organisms are recovered from patients who have accepted only irregular or spotty treatment; or from those patients who have extensive and chronic disease requiring therapy over a prolonged term; or from those patients who received therapy for too short a period; or from those whose therapy was totally inadequate, usually from practitioners who are not knowledgeable in the modern treatment of tuberculosis. Then, too the laboratories are recovering



atypical organisms of the mycobacterium family capable of producing disease resembling tuberculosis, but which have growth and metabolic characteristics differing from the tubercle bacillus and which are nearly totally resistant to anti-tuberculous drugs in culture media.

An effective tuberculosis control program must therefore overcome the apathy which developed following the discovery of the "miracle" drugs that resulted in short term "cures", little or no hospitalization, and worst of all, a complacent attitude that eradication of tuberculosis was at hand. It must be recognized now that a turn-about situation is at hand, that eradication is not presently foreseeable; that new techniques and chemotherapeutics must be used to treat those with resistant and atypical organisms; that hospital facilities will require additions or alterations to segregate the "pure" case from the resistant case and the atypical case from either of the former two; that bacteriological laboratories will require expansion to the extent that they must not only recover and identify the bacteria, but must determine the sensitivity of the organism to the drugs in order that the proper chemotherapeutic agent can be selected; that clinical and bacteriological laboratories must additionally expand to develop monitoring systems to determine proper chemotherapeutic blood levels and to perform such tests as to detect toxicity in the various organs that may accompany the use of the newer or "secondary" anti-tuberculous chemotherapeutic agents; and finally, hospital pharmacies will require additional funding to enable them to supply the newer and more expensive drugs required in the retreatment of resistant cases. In this context, the care of the tuberculous will be more costly not only because of necessary expansion of facilities in the hospital, laboratory and clinics, but also because of the demand for more specialized personnel in the future management of this disease.

#### - FUTURE PLANNING -

- (1) As space and ancillary services become available at San Francisco General Hospital, all active cases of tuberculosis with organisms which are resistant to chemotherapy and those who have atypical organisms, will be treated in segregated wards.
- (2) New chemotherapeutic agents will be employed when sufficient funding for their provision and adequate laboratory services are made available for monitoring and sensitivity testing.
- (3) Research and teaching in modern treatment and control of tuberculosis is contemplated for the near future.
- (4) A plan for re-examination of cases inactivated in the past 5 to 10 years is presently in the planning stage.



## BUREAU OF MATERNAL AND CHILD HEALTH

The Bureau of Maternal and Child Health is charged with the operation of the following services: Maternal Health Services, Child Health Conferences, Immunization Centers, Crippled Children Services Program, Diagnostic Centers for Visual, Hearing and Cardiac problems, School Health Services and the Division of Dental Health. The administrative personnel of the Bureau maintains close (often time-consuming) liaison with various community agencies both public and private, and thus better over-all planning for the mothers and children of San Francisco is brought about. Unmet needs, both old and new, can better be resolved by close community relations and tax dollars are better utilized also. Besides, this approach keeps the community informed about the activities of the Health Department. The physicians and other professional personnel of the Bureau work at all times closely with the Bureau of Public Health Nursing; the public health nurses being actively engaged in bringing the services to the client.

### MATERNAL HEALTH AND CLASSES FOR EXPECTANT PARENTS

During 1963, 1925 deliveries took place at San Francisco General Hospital; these were 80 deliveries less than in the previous calendar year. The total number of prematures in 1963 was 240, which constitutes 12.7% of all births. This shows a slight decrease from the 13.3% of last year. Again, as in the year before, about 25% of all mothers delivered at San Francisco General Hospital were nineteen years of age or under. There were three maternal deaths of which one was a suicide.

As in the past, two of our Public Health nurses were attached to the Maternity Clinic at San Francisco General Hospital doing the necessary liaison and follow-up work for the Districts. These nurses are doing the same work for the Pediatric Out-patients and In-patients cared for at San Francisco General Hospital.

We also conduct a course for expectant mothers at San Francisco General Hospital and our classes for expectant parents have continued at Marina-Richmond, North East and Sunset Health Centers.

### CHILD HEALTH CONFERENCES AND IMMUNIZATION CENTERS

The Child Health Conference is designed to provide well-child supervision of infants and pre-school age children. This includes periodic physical examinations, appropriate immunizations, certain screening procedures, as well as anticipatory guidance and parental counseling.

The physician staffing the clinic, the public health nurse at the clinic and the public health nurse in the district, all work together closely to give maximum service to the client.

Throughout the city, we conduct 36 Child Health Conferences in the nine Health Centers, or one of their sub-stations, per week. During the fiscal year 1963-64, there were a total of 32,421 patient visits, and we saw a total of 13,574 individual children. The average attendance per session came to 18 children. This is a good average and allows the staff to give quality service.



The function of the Immunization Centers, open to children up to the age of 18 years, is to insure an adequate level of immunity against certain communicable diseases. These preventive services are offered to those school children who are unable to obtain them from private sources because of marginal parental income. In addition to immunizations being given in our Centers against diphtheria, whooping cough, tetanus, smallpox and polio, we also offer tuberculin skin testing, which is especially important for recent immigrants to San Francisco from various countries with a high incidence of tuberculosis. In June 1964, we also began to offer measles vaccine to children within the age group from 9 months to 3 years.

#### CRIPPLED CHILDREN SERVICES

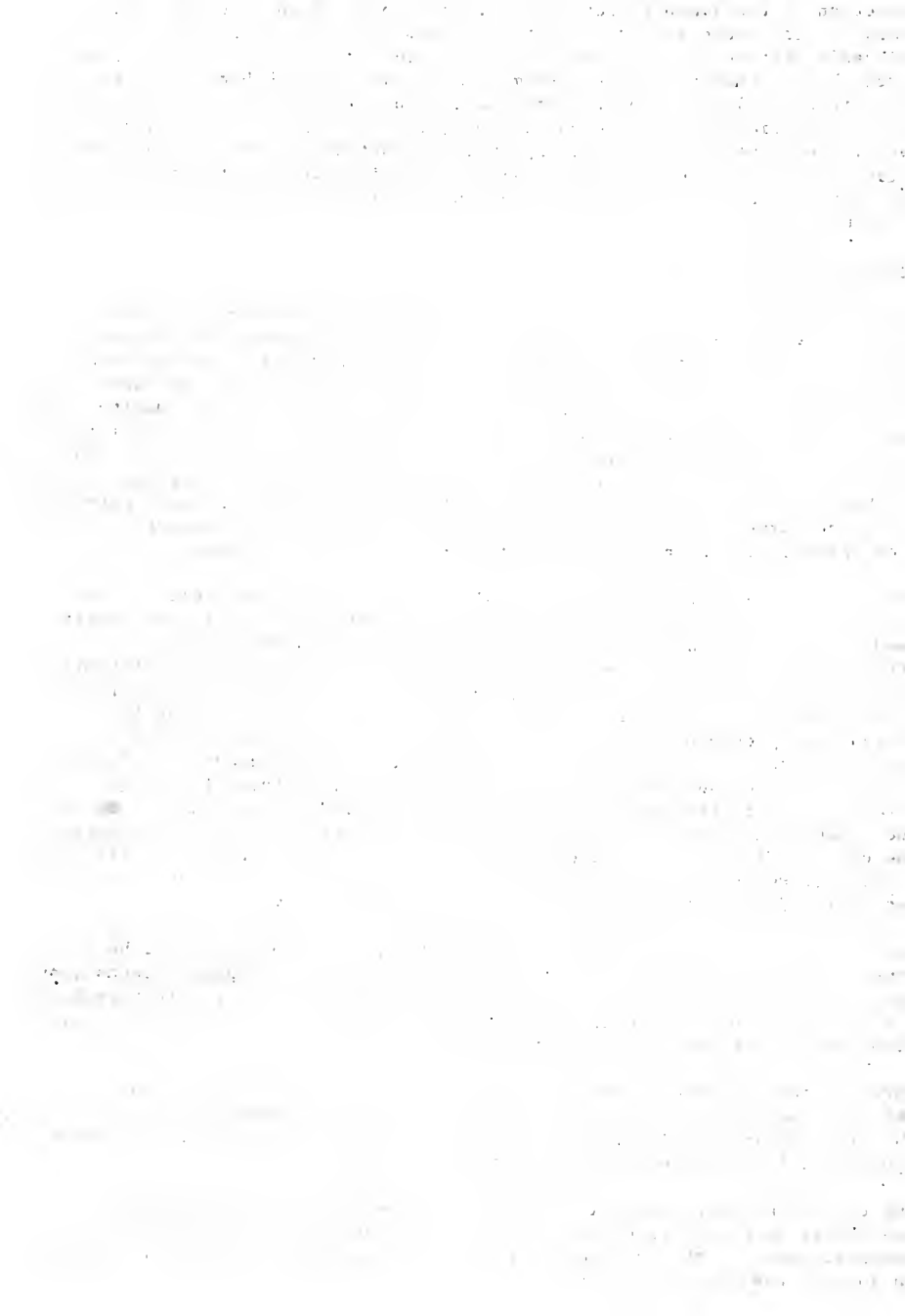
The Crippled Children Services program was implemented nationally in 1935 through the Social Security Act. It is an entirely tax-supported program through Federal, State and local taxes and in San Francisco is administered independently by the Department of Public Health. However, all fees are negotiated on a state-wide basis by the State Department of Public Health. The purpose of the program is to provide specialized medical care and rehabilitation services to handicapped children from birth to twenty-one years of age. This care is rendered by private practitioners of medicine. Through the use of these funds, handicapped children are helped to attain the maximum of their potential and to reach maturity with the prospect of a happier and more productive life. Many of these children have become useful and tax-paying citizens.

Diagnostic Services for suspected eligible conditions are available to any child regardless of family income. Before necessary treatment is instituted the medical social workers assigned to the program evaluate financial eligibility and acceptance depends on projected costs of care, size of family and other obligations. When possible, the family participates by contributing up to their ability to the expenditure. The clerical staff handling the authorizations providing medical care, hospitalization and other necessary services, assumes full responsibility and receives the necessary consultation from the Medical Consultant and the Administrator. Therefore it is most important that our staff remain stable, have a knowledge of medical terminology and be capable of interpreting fee schedules in relation to services rendered to the child. Close liaison between the Crippled Children Services' office and each District Health Center is maintained constantly, since the public health nurses in the field are following these children carefully.

Medical social planning for many individual children is done with the help of various other agencies, and the professional staff of the program attends many meetings, maintaining an elaborate network of communication with other agencies. This also serves the purpose of a broader understanding of the program within the community and establishes good relations.

The professional staff of Crippled Children Services, by serving on the Admissions Committee of the various schools for the handicapped in San Francisco, is able to coordinate all services for these children more effectively, since a majority of them are served by the program anyhow.

During the fiscal year, medical and hospital care costs have risen about 8% and it was necessary to obtain a supplemental budget. Admissions of new orthodontic cases to the program had to be stopped temporarily but will resume again soon in the new fiscal year.





The office of Crippled Children Services is spatially not adequate and some re-allocation of space with the possible erection of partitions to give more privacy to individual workers is definitely indicated. It will also be necessary to readjust the budgetary request for 1965-66 in accordance with the increase in medical care costs.

#### EAR, EYE, AND CARDIAC DIAGNOSTIC CENTERS

These screening centers provide more definite diagnostic services for children with a suspected handicap in any one of these three named areas. Children are referred through private physicians, Health Department physicians, public health nurses, vision screening technicians and audiometrists or parents. Depending on the outcome of the examination, and any need for observation or further medical care, parents are assisted in either obtaining private care or if eligible, are referred to Crippled Children Services.

##### EAR CENTER

In 1963/64 40,765 individual children had audiometric testing. They received a total of 44,450 tests. Three audiometrists are testing the 2nd, 4th, 6th and 9th graders routinely, and all children new to San Francisco or having signs or symptoms of diminished hearing. Of the 1,327 (3.2%) children whose hearing was not normal, the otologist saw 889 (66.5%) at the Ear Center. The remainder sought private care. Of those examined at the Ear Center, 165 had a conductive hearing loss, 452 a perceptive hearing loss, 157 had the diagnosis deferred and 115 could be considered normal.

##### EYE CENTER

Two vision-screening technicians serving the large public schools and public health nurses screen all school children at the 1st, 3rd, 7th and 10th grade levels, as well as those with signs or symptoms and those new to San Francisco at any grade level. In 1963/1964 the technicians screened a total of 21,147 children (24,289 tests) and the public health nurses a total of 23,418 children (27,247 tests). In summary, a total of 44,565 children received a total of 51,536 tests.

The ophthalmologist examined 2,829 children who did not pass the Snellen Test. Of those seen at Eye Center, 2,198 showed refractive errors, 157 had strabismus, 77 had amblyopia, 13 had some external ocular disease, 35 a variety of miscellaneous diagnoses and 349 could be considered normal.

##### CARDIAC CENTER

During 1963, a total of 464 cardiac examinations were made. In addition to a thorough physical examination, the pediatric cardiologist in the Cardiac Center has a chest film and an EKG available to evaluate the patient.

Of the 111 new children seen, 19 were found to have an organic cardiac lesion, 23 were kept under observation, while 41 were diagnosed as having purely functional murmurs and 28 were considered non-cardiacs.

As in the past, the Cardiac Center is responsible for the distribution of oral penicillin to all youngsters with a history of rheumatic fever and carried by Crippled Children Services program. The Cardiac Registry is being continued and is useful in the long-term follow up of most of these cases.



## SCHOOL HEALTH SERVICES

The aim of the School Health Services is to assure that each child attending school attains maximum benefit from the educational process. Any handicap, whether physical or emotional, will prevent this. These services are available to all school children in San Francisco. In school year 1963/64, the physicians of the Department of Public Health, examined a total of 19,788 children. These same physicians are also active in the individual schools giving group talks, consulting with school personnel and discussing individual children in conferences. As in the past, we are urging parents to have their children regularly checked by the family physician. The past few years the response has been excellent, but we are only counting the number of private examinations alternate years.

Screening programs for visual and auditory activity as described earlier, constitute an integral part of the School Health Program.

Tuberculin skin testing continues and during the school year 1962/63 35,395 students were tested, of whom 1,369 (3.9%) reacted positively.

This program is an excellent tool in case-finding and is of great value in a town as ours, because of high transiency. Health education in the schools is extremely important and is aimed at healthful living, good health habits and a proper understanding of the human body. The school physicians and the public health nurses are jointly engaged in this process and are meeting with faculty students and parents on a continuing basis.

## DIVISION OF DENTAL HEALTH

The Division of Dental Health is part of the Bureau of Maternal and Child Health.

The following programs are existent:

(1) Care Program: Children through the age of eight years are eligible to have topical fluoride applications, fillings, extractions, and other necessary work done. Children past the age limit can have emergency extractions only.

(2) Educational Program: Dental hygienists carry on instructional activities, demonstration projects, and do dental inspections to promote good oral hygiene. Some of these projects are supported by the San Francisco Dental Society. In the afternoons the dental hygienists perform oral prophylaxis and topical applications of stannous fluoride.

During the fiscal year 1963 - 1964, the following services were performed:

Patient visits	15,356		
Silver and porcelain fillings	17,555	Schools visited	48
Extractions	2,462	Parent-Nurse-Teacher Conferences	788
Other Treatments	10,832	Snyder Test performed	850
		Topical Fluoride Treatments	660
		Prophylaxis	2,311



Caries Activity Tests: 850 caries activity tests were performed. This is a bio-chemical test that measures the amount of acid production that occurs in a caries susceptible individual. This test requires the active participation of the student and is most impressive as an educational process. Through the generous cooperation of the San Francisco Dental Society, this program has been expanded over previous years due to their financial support in the form of necessary equipment, supplies and additional visual aids. The staff of the Dental Division has had numerous requests for demonstrations and literature on how this caries activity test is performed. It has been shown to dental auxiliaries, health education classes, and other health departments.

Training for State Federal and University Personnel: Students have been placed with this division by the U.S. Public Health Service, Dental Health Center, 14th and Lake, San Francisco; the School of Public Health of the University of California; and by the City College of San Francisco. The Dental Division assumes a responsible role in the development and evaluation of an effective field training program for dental public health personnel. The dental clinics of the department serve as facilities for "on the job" training of the dental assistants. This program is mutually beneficial as the part-time dentists have the additional help to increase their efficiency.

Chronic Disease: San Francisco with its proportionately higher percentage of chronically ill and aged will require more attention to the dental needs of this group. As a result of a previously conducted survey the needs of this group have been determined.

The Dental Division has portable dental equipment available for demonstration and loan to staff members. This equipment has been shown before dental fraternal groups and the Senior Class of the College of Dentistry of the University of the Pacific. The possibility of developing a teaching program in conjunction with this Dental College is being explored. This would involve dental students using portable equipment on home-bound and chronically ill patients that are a responsibility of the Health Department.



SELECTED      STATISTICS

BUREAU OF MATERNAL AND CHILD HEALTH

	<u>Calendar 1962</u>	<u>Calendar 1963</u>
Total Population in San Francisco	745,000	749,900
Number of Schools - Public and Parochial	205	205
School Population	130,114	131,573
School Examinations - by MCH Physicians	21,669	18,807
Number of Child Health Conferences	1,782	1,802
Child Health Conference Attendance	35,874	33,302
Number of Immunization Centers*	560	312
Immunization Center Attendance	<u>39,620</u>	<u>21,289</u>
Smallpox Immunizations	9,880	6,089
Diphtheria-Pertussis-Tetanus Immunizations**	27,132	20,987
Polio Immunizations***	35,494	16,027
Tuberculin Skin Tests	<u>40,075</u>	<u>39,346</u>
Total Immunization and Tests	112,521	82,449
Ear Center Attendance	742	786
Eye Center Attendance	2,957	2,999
Cardiac Diagnostic Center Attendance	550	464

\* The number of actual sessions was decreased, but the individual session was increased in hours.

\*\* Includes injections of D-P-T and D-T.

\*\*\* Includes Salk and Sabin vaccines. In 1962/63 a great majority of school children had their oral polio vaccinations through the Bay Area K.O. Polio Program, consequently our attendance fell off for this immunization.





## SPECIAL FEDERAL ALLOTMENT

For the fiscal year 1963/64, the Federal Government again allotted \$14,320 for Maternal and Child Health and these funds were used to continue the employment of the nutritionist and to complete the "Triple E" Project.

The nutritionist functions primarily in the area of staff education. This includes the staff nurses and physicians of the Department of Public Health as well as professional members of the Unified School District and a variety of other agencies, both public and private. The nutritionist also renders some direct service to clients under special circumstances. A variety of useful and timely teaching aids are available to her and she also develops her own as the need arises. Unfortunately this program was interrupted for about 5 months, due to the resignation of one employee and before a replacement was recruited.

The "Triple E" Project (Eyes and Ears for Education) came to a conclusion in June 1964. Three methods to motivate mothers of pre-school children in the Westside District to participate in a hearing and vision screening program were tested. The results are being evaluated now. A Random Sample Community Health Attitude and Knowledge Survey was also done in the same district, showing in a preliminary report that much misinformation on health exists, and much intensive health education is badly needed to improve the health knowledge and practices of this group of people.

## SUMMARY AND RECOMMENDATIONS

The Bureau of Maternal and Child Health is continuing its traditional programs. The nutritionist paid from the Federal Categorical Allotment, is an invaluable addition and has enhanced all the programs. The project in the Westside District has shown again, as was strongly suspected, that more health education is needed to break down the barriers of those now resistant to services offered by the Department of Public Health.

Unmet needs exist, as always. Some of the most pressing are as follows:  
a) additional social work time for the Crippled Children Services program;  
b) spatial rearrangement and partitions in the Crippled Children Services office to enhance work efficiency; c) an adequate budget for Crippled Children Services for 1965/66 to meet rising costs in medical care; d) an additional audiometrist to include high school students in the testing program and to do hearing conservation education in high schools; e) an additional vision screening technician to relieve public health nursing time from testing and for more intensive follow-up work.

It should also be stated here that the entire Department would benefit from a central supply and reproduction department with modern, time-saving methods and equipment. The Bureau of Maternal and Child Health would also greatly benefit by the availability of a management consultant. Evaluation of workloads and office management are not what physicians and nurses are trained for or proficient in.

Lastly, evaluation of on-going programs as well as some research of various problems should be carried out on a continuing basis. Evaluation and research are time-consuming endeavors and require professional, clerical and statistical personnel who, at present, are not available.



## BUREAU OF PUBLIC HEALTH NURSING

Public health nurses are continually aware of the expectations of an increasingly complex society. An informed public places additional responsibility on all health resources in a community. It expects that diseases will be cured and if possible prevented, that those who become incapacitated will be rehabilitated to the fullest possible extent and those who enjoy health will be enabled to remain well. It is in all these areas that the public health nurse finds herself involved.

### OBJECTIVES

Today nurses meeting the minimum requirements of entrance into the field of public health have knowledge in many areas including communication skills, human relations, and evaluation techniques, as well as preparation in the ever-expanding skills of nursing. It is incumbent upon each public health nurse to further develop her ability to evaluate the health needs of the individuals, families and community she serves. She needs to gain increasing skill in determining the abilities of the families with whom she works to carry through on plans for care, to seek other types of aid when indicated, and to recognize the extent of their desire for assistance. She is expected to be cognizant of other community health and social agencies so that appropriate referrals can be made in order not to duplicate existing services.

The Bureau of Public Health Nursing attempts to maintain a high level of professional competence through careful appraisal of applicants, regular evaluation of staff performance, supervisory guidance, and staff development programs. Thus, it becomes possible for nurses to carry out the current objectives of the Department in the areas of Maternal and Child Health, Disease Control, and Mental Health.

### BUREAU RELATIONSHIP

In fulfilling these responsibilities, the Bureau of Public Health Nursing works closely with the Program Directors of other Bureaus in defining and re-defining the role of the nurse in the community. Introduction of new programs to meet changing community needs requires, as well as periodic re-evaluation or modification of existing services, that cooperative planning be done.

### ACTIVITIES

There has been no appreciable change in the many and varied activities of the Bureau over the past year. The nurses working under the guidance of the specialized supervisors have continued services in the Venereal Disease Clinic, Tuberculosis Clinic, Eye and Ear Center, and in the Antepartum and Pediatric Clinics in San Francisco General Hospital.

The nurses assigned to the nine District Health Centers spread their services over many areas of community need. In the 207 schools they assist with health appraisal programs, health education, teacher understanding of home problems that affect school performance and give parental guidance in securing adequate care for the child with a problem.



In Child Health Conferences they determine the questions a mother has about her child and help her bring them to the attention of the physician, interpret medical findings, support mothers in efforts to secure adequate nutrition for the family, help families secure additional medical care when needed, assist the physician to determine reasonable health goals for families based on the nurses' findings in the home, etc. In parents' classes nurses share in the concerns of fathers and mothers about the forthcoming child and provide available information on the care of the pregnant woman, the newborn infant, and the affect of another child on the total family.

During the past year these nurses made 77,105 visits to individuals throughout San Francisco. Of this total, 11,424 were initial visits to persons who had never before required or requested service, while another 3,659 were to persons readmitted. The services included here are maternity, general family health supervision, communicable disease control (of which the largest number of visits are to persons with tuberculosis), supervision of crippled children, mental health, and chronic disease.

Under a Special Project grant a few years ago, it became possible for this Department to increase its service to the chronically ill and aging population, which is quite sizable in this city. In so doing, the Bureau of Public Health Nursing has had to work closely with the Visiting Nurse Association in defining its particular role and to avoid duplication of effort.

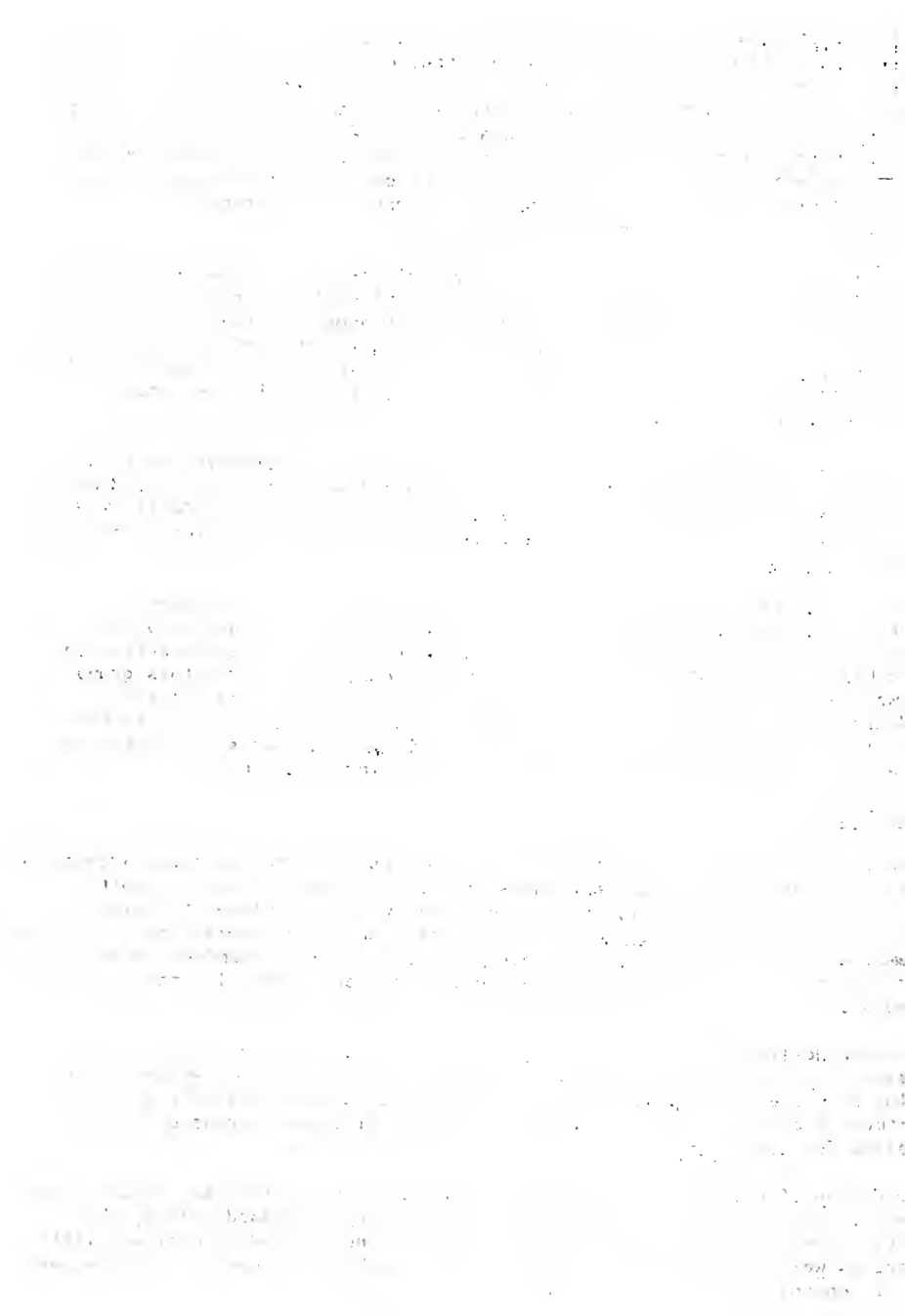
Some brief mention should be made of the student program. Approximately 100 student nurses from the University of California, San Francisco State College, and the University of San Francisco receive their field practice in public health nursing in our various Health Centers. It is from this group that we are able to recruit many of our staff. In addition, psychiatric residents, dietetic interns, new employees of the Health Department, as well as foreign visitors, have opportunities to visit with nurses so that they may gain a better understanding of public health nursing functions.

#### FUTURE PLANS

Evaluation is the key word to future planning. As has been indicated previously it is important that public health nursing services meet current community needs. During the next year, existing programs will be reviewed to bring them in line with present-day patterns of operation. The records and statistical systems, which have been in effect this past year, will be examined to determine their efficacy since such systems need to be designed to expedite the work of the nurse.

As the new Health Centers are opened, it is expected that nurses will be able to assume more active participation in planning health programs which are in keeping with the needs of the specific community. Closer proximity of Health Department field personnel will facilitate referral between areas of service and allow for consultation at point of need.

The old span of control of one supervisor to 12 to 15 staff nurses needs to be reviewed. Since programs are more complex requiring increased skills, the supervisor needs to be readily available to guide nurses and to evaluate limitations as well as the particular abilities of each staff member. The present span of control has not kept up with current trends.



Within the near future a public health nurse will be assigned to San Francisco General Hospital to assist in planning for home care of the chronically ill and aging with hospital personnel, district nurses and other community health and social agencies. This will be a service to persons not now included in the care which is contracted for through the Visiting Nurse Association.

It is hoped, too, that clerical activities can be delegated to those persons best prepared to do the job, so that nursing time can be spent in professional areas. A responsible clerical staff is the right arm of an efficiently operating Health Department.

All plans call for a united effort in bringing quality nursing care to the people of San Francisco.





## BUREAU OF HEALTH EDUCATION

### OBJECTIVES

The Bureau of Health Education assists the Department to meet its educational objectives so that residents will be informed on health matters, observe personal practices conducive to health, and participate in community solutions to health problems. The functions of the staff are to:

1. Give consultation in educational methods, techniques and materials.
2. Evaluate, procure, produce and distribute health education materials.
3. Work with community groups on cooperative health education activities through participation on committees and in meetings and conferences.
4. Provide health information to interest and inform the public by means of personal contact, talks, and through mass news media.
5. Give assistance in planning and carrying out educational aspects of health programs.

### DEPARTMENTAL RELATIONSHIPS

The Bureau serves as an educational resource to all personnel of the Department, assisting them with both consultation and direct services in the educational aspects of their professional work and in staff education programs.

### BUREAU ACTIVITIES

#### HEALTH EDUCATION MATERIALS

1. Audio-Visual Services. A film loan library of motion pictures and filmstrips on health and safety subjects is operated by this Bureau. Films are previewed and evaluated. Consultation is given on the selection and use of educational films. The following table shows the use of the film library for the last three years:

<u>Number of Requests for films</u>		<u>Number of Film Showings</u>	<u>Total Attendance</u>
1961-62	709	1,005	46,278
1962-63	790	1,159	40,319
1963-64	864	1,283	47,051

Audio-visual equipment is operated by the health education staff and by selected Department personnel who are given instruction in its operation. The following equipment is available for staff use:

Motion Picture Projectors	Projection Screens
Filmstrip Projectors	Transcription Player
Slide Projectors	Tape Recorders
Opaque Projector	Public Address Equipment



2. Printed Materials. The Bureau screens and evaluates pamphlets and posters, procured from both pay and free sources, maintains a stockroom and distributes these materials. In addition, consultation and advice is given on their selection and effective use. The following table shows the distribution of pamphlet material for the last three years:

<u>Fiscal year</u>	<u>District Health Centers</u>	<u>Other Health Department Bureaus</u>	<u>Directly to Public</u>	<u>Total</u>
1961-62	80,574	9,364	2,841	92,779
1962-63	103,822	18,757	2,662	125,241
1963-64	90,589	11,843	3,509	105,941

3. Reference Materials. A library file of reports, articles, booklets, reprints and other public health reference material is maintained and available for use by both staff and the public. Selected pertinent references are routed to appropriate offices of the Department.

### COMMITTEES

The Health Education staff serves on the Education Committee of the San Francisco Cancer Society, Youth Activities Committee of the San Francisco Association for Mental Health and the joint School Department - Health Department Central Health Committee.

### HEALTH EDUCATION PROJECTS

By means of a Federal grant through the Bureau of Maternal and Child Health, a special project in the Westside Health District was completed this year to improve health knowledge and practices among mothers of pre-school children, through participation in a vision and hearing screening program for 3-5 year old children. The health educator employed as project coordinator was administratively under the District Health Officer and received professional supervision and assistance from the Bureau of Health Education.

Federal funds also are financing an Epilepsy Project in San Francisco through the United Cerebral Palsy Association to provide the community with an education program and an assessment of the unmet needs in relation to epilepsy. The project health educator receives professional assistance from the Bureau staff.

### INFORMATION SERVICES

1. Information was given to staff and the general public about health problems in San Francisco and the services of this Department. Talks were given by the Health Education staff and assistance was given to staff and community groups in securing qualified speakers on health subjects.

2. The Department's Weekly Bulletin was prepared for the Director. This publication is distributed to the press, radio and television stations, hospitals, health agencies, school administrators, PTA Chairmen, libraries, city officials and other community leaders and to many private physicians and other interested individuals.

3. Publicity. In addition to the Weekly Bulletin, which is a regular source of material frequently used by the news media, periodic news releases are prepared when indicated.



## DEPARTMENTAL ORIENTATION PROGRAM

Under the guidance of the Department Orientation Committee, this in-service program provides orientation to the organization facilities and programs of the entire Department. During the past year, four programs were conducted: two for public health nurses and two for all other new employees.

## DEVELOPMENT OF PROGRAM OF DISTRICT HEALTH EDUCATION

A program of health education at the district level is being developed in connection with the five District Health Centers plan. As Eureka-Noe (District 1) is scheduled to open within six months and Westside (District 2) approximately one year later, another health education position should be established to provide services on a half-time basis at each of these centers. The health educator would work in the district under the administrative direction of the District Health Officer, with professional and technical supervision from the Bureau of Health Education.

## PROBLEMS

San Francisco has the fewest health educators per capita population served of any California health department employing health educators.



## BUREAU OF SANITATION AND HOUSING INSPECTION

The Bureau of Sanitation and Housing Inspection's basic responsibility is to protect the City's supply and distribution of food, safeguard the quality of water and air, maintain high occupancy standards in multi-family buildings, control community sanitation, and assure a healthful environment for all members of the community. Every program conducted by the Bureau has been designed to prevent and, if necessary, control the City's environmental health problems.

### PROGRAM ACTIVITIES

There are many complexities involved in the operation of an urban environmental health program. A comprehensive program involves many phases and a variety of procedures. Thus, to report clearly on the activities of the Bureau during the period 1963-1964, the various functions and various phases of each are described under four general categories - HOUSING, FOOD, WATER SANITATION AND OTHER ENVIRONMENTAL HEALTH PROGRAMS.

### HOUSING

#### ANNUAL PERMIT OF OCCUPANCY

The most basic function of the Bureau in the field of housing is the continuing inspection of all of the City's apartment and hotel buildings. Annually, these multi-family structures are examined to insure that sanitation, occupancy, light and ventilation, and maintenance standards meet legally required levels. A Permit of Occupancy is issued for those buildings in satisfactory condition. Those buildings which are found to be substandard are ordered rehabilitated.

#### Permit of Occupancy Data

Inspected During 1963-1964 - 18,116

#### CHECK LIST NOTICE PROGRAM

In 1962, the Bureau commenced the use of a new Housing Code enforcement technique which was designated as the "Check List Notice Program". The primary purpose of the program was to inform, on a city wide basis, all of the owners and prospective purchasers of substandard apartment and hotel buildings of the non-conforming conditions which placed these properties in a non-conforming category, and to effect the rehabilitation of these structures as rapidly as feasible. The key to the program is a printed form notice which contains a series of predetermined Housing Code violations, those invariably associated with substandard buildings. The use of this newly designed enforcement tool made possible the rapid preparation and distribution of thirty-four hundred and fifty (3,450) Check List Notices in the brief span of seventeen months.

At this stage of the program, twenty-five months after its initiation, the following results have been obtained:

Check List Notice Data	-	Notices Sent	3,450
		Building Applications Filed to Rehabilitate the 3,450 Substandard Apartments and Hotel Buildings	2,051

The estimated cost of rehabilitation, as stated by property holders, is in excess of \$2,000,000.





## SERVICE OF HOUSING COMPLAINTS

The Bureau receives, initiates and investigates complaints related to housing from many sources. These complaints range from conditions of occupancy to problems of sanitation.

Housing Complaint Data - Complaints Received	5,057
(1963-1964) Complaints Abated	4,860

## ABATEMENT HEARINGS

An inevitable consequence of the Bureau's expanded housing activities has been an increase in the number of required formal legal proceedings. To hold these time consuming actions to an irreducible minimum, a board composed of the Bureau's supervisory personnel meets weekly with property holders to discuss and suggest feasible solutions to their rehabilitation problems, and to stimulate legal compliance without formal hearings.

The following data reveals the extent to which the Bureau's personnel have successfully utilized the Abatement Hearing Board's services:

<u>Comparative Abatement Hearing Data -</u>	<u>Housing</u>	<u>Food</u>	<u>Misc.</u>	<u>*Total</u>
1961-1962	295	107	75	467
1962-1963	325	123	149	597
1963-1964	211	99	96	406

\* - Approximately 90% of all cases have been successfully concluded without further formal legal action.

## CONDEMNATION HEARING DATA

Monthly Condemnation Hearings are held to bring before the Director of Public Health those owners of substandard multi-family structures who fail to comply with the Department's rehabilitation directives.

Condemnation Hearing Data - *Cases Before the Director	53
Buildings Condemned	24

\* - Includes Re-Hearings

## FOOD INSPECTION PROGRAM

During the fiscal year 1963-1964 the food inspection forms were analyzed and revised. As a result of this revision, one inspection form has been designed for use in all types of food establishments. Additionally, a new booklet has been developed to inform prospective food establishment owners of all the laws and regulations governing their operation.

## STATISTICAL SUMMARY OF FOOD INSPECTIONS 1963 - 1964

<u>Types of Establishments Inspected</u>	<u>Number of Inspections</u>
Bakeries	1,598
Breweries	20
Meat Markets	3,407
Candy Factories	237



Candy Stores	1,875
Canneries	5
Delicatessens	1,569
Fish and Shellfish	1,257
Fruits and Vegetables	4,062
Grocery Stores	7,072
Liquor Taverns	1,258
Markets - General	3,587
Other Food Factories	544
Peddler Wagons	58
Poultry	3,355
Salvage Dealers	27
Sausage Factories	14,507
Soft Drinks	662
Warehouses	333
Restaurants	25,187

#### ROUTINE FOOD SAMPLING PROGRAM

This Bureau in an effort to maintain the highest possible quality and wholesomeness in the food available for human consumption has continuous food sampling and utensil sanitizing programs. In instances where the data indicates fraudulent or improper activities, legal action is taken.

<u>Food Sampling Data</u> - Ground Meat	543
Custard	78
Fish and Shellfish	59
Processed Meat	517

<u>Utensil Sanitizing Data</u> - Rim Counts (Swab tests of Multi-Use Utensils)	1,324
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#### INSTITUTIONAL MEAT INSPECTION

The Bureau inspects and passes on all meat, meat food products and poultry to be served in City Institutions. During the fiscal year 1963-1964, 1,471,750 pounds were inspected with 137,562 pounds of these products being rejected as a result of this service.

#### MEAT INSPECTION



This Bureau has functioned for many years as an approved meat inspection agency as



indicated by the legend on the preceding page. In this capacity we provide the local meat industry with prompt surveillance and laboratory analysis while insuring a high quality product for the consuming public. During the fiscal year 1963-1964 the following quantities of meat food products were inspected and approved:

Meat Inspection Data - Corned Meats	4,219,829 lbs.
Smoked Meats	6,807,920 lbs.
Sausage	23,959,850 lbs.

#### ADMINISTRATIVE AND LEGAL ACTIONS

After all other measures have failed, and in the case of fraudulent practices, this Bureau will resort to legal and quasi-legal measures to bring about compliance. These measures are tabulated below:

Permit Revocations	3
Arrests	23
Adulteration	17
High Fat Content	6
Condemnation	
Meat and Meat Food Products	155,607 lbs.
Other Foods	1,418 lbs.

#### WATER SANITATION PROGRAM

##### DRINKING WATER

During the fiscal year 1963-1964 this Bureau has, in cooperation with the State Department of Public Health and the San Francisco Water Department, developed a comprehensive program of surveillance of San Francisco's drinking water. Sampling points have been adjusted to correlate with distribution systems as well as population served. In addition, testing for ABS and Residual Chlorine was added to the existing chemical testing program.

A survey was made of all reported wells or small water supplies. Those supplies found operational are in the process of being brought under permit.

<u>Sampling Data - 1963-1964</u>	<u>Bacteriological Tests</u>	<u>Chemical Tests</u>
San Francisco Water	2,151	357
Small Water Supplies	86	-
Bottled Water Supplies	230	12

##### RECREATIONAL WATERS

In cooperation with the Department of Public Works, this Bureau has been attempting to work out surveillance techniques for the San Francisco beaches that will insure protection of the Public Health and at the same time be economically feasible. At the present time we are negotiating with the Bay Area Regional Water Pollution Control Board, with this goal in mind, relative to the Richmond-Sunset Sewage Treatment Plant and its associated pumping stations.

Sampling Data - 1963-1964 - Swimming Pools	210
Recreational Waters	1,253



## SEWAGE EFFLUENT - IRRIGATION

This Bureau in the previous year has continued in its policy of cooperative surveillance with the Park and Recreation Department's use of treated effluent for irrigation purposes.

Samples Taken

31

## PLAGUE SURVEILLANCE UNIT

A comprehensive and continuing program of trapping rodents for disease control (principally in occupied buildings) is the task of the Plague Surveillance Unit. Secondly, the Unit carries out poisoning of rodents that infest the sewers and other properties under City and County control.

A constant surveillance by trapping and poisoning rodents is still being conducted in the Marina District where a plague rat was found in February of 1963. Every two months, twenty pounds of 10% DDT powder has been applied in and around the Palace of Fine Arts and Yacht Harbor areas.

Number of Rodents Collected by Trapping  
for Fiscal Year July 1, 1963 - June 30, 1964

Rats Trapped	3,475
Trap Days (Total No. Traps Checked)	101,343
Rats Poisoned in Sewer	2,500
Miscellaneous Field Rodents	1,525
	<u>7,500</u>

## OTHER ENVIRONMENTAL HEALTH PROGRAMS

### SUPERVISION OF GARBAGE AND REFUSE COLLECTION AND DISPOSAL

It is the responsibility of this Bureau to resolve all disputes between the public and the city licensed scavenger companies relative to service and rates. The inspection staff investigates complaints relative to collection, storage, handling and disposal of garbage.

<u>Complaint and Inspection Data</u> - Garbage Complaints	2,233
Dump Inspections	133

### MOSQUITO CONTROL

The Bureau's on-going program of coordination of the City's mosquito control activities has continued to function effectively. An index of the effectiveness of the program can be obtained from analysis of the complaints since the peak year of 1958-1959.

<u>Complaint Data - 1963-1964</u>	<u>Year</u>	<u>Complaints</u>
	1958-1959	1,128
	1959-1960	735
	1960-1961	310
	1961-1962	248
	1962-1963	205
	1963-1964	258

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## AIR SANITATION AND OCCUPATIONAL HEALTH

This Bureau's on-going program of cooperation with the Bay Area Air Pollution Control District in sampling and enforcement has continued in the fiscal year 1963-1964. In addition we are cooperating with the State and Federal governments in their air sampling networks. This Bureau investigates, on complaint, reports of occupational disease and occupational hazards. Frequently there are requests to assist the State Department of Industrial Welfare with local problems. As a result of these investigations, it has become apparent that many industrial hazards exist in San Francisco and that some plan for routine investigation is imperative.

Air Sampling Data -- Air Pollution Samples	576
Weather Condition Observations	530
Visual Range Observations	530
Smoke Complaints Investigated	43

### OTHER PROGRAMS

In addition to the specific activities outlined above, the Bureau functions in the following areas:

- 1 - Inspection of all public and private school cafeterias.
- 2 - Surveillance and control of all salvage or distressed merchandise intended for human consumption.
- 3 - Inspection and licensing of private ambulances.
- 4 - Annual inspection of jails and other detention facilities.
- 5 - Approval of nursery schools and ambulatory homes for the aged.
- 6 - Supervision and licensing of fumigations utilizing toxic materials.
- 7 - Conducts semi-professional course in Public Health and Sanitation at San Francisco City College.
- 8 - Conducts regular training classes for food handlers and the general public.

While every activity of the Bureau has not been mentioned, the breadth and scope of these activities is apparent from the foregoing.

### FUTURE NEEDS

It is anticipated that one additional inspector will be needed by the Bureau in the drinking water program, if the Bureau is to meet its obligations under the more comprehensive program. Additionally, one inspector will be needed if the Bay Area Regional Water Pollution Board orders the "Self-Monitoring Program for the Richmond-Sunset Plant". This matter is on the Regional Board's August 1964 calendar.

The present program of complaint activated cases only in the field of Occupational Health represents a service far below that needed in the community. Serious occupational hazards exist and a program of locating and correcting these conditions is long overdue. Plans are being formulated that would provide for the annual inspection of all industries for sanitation and industrial hazards. These plans should be implemented as soon as possible.



## BUREAU OF DAIRY AND MILK INSPECTION

### PURPOSE

The function of the Bureau of Dairy and Milk Inspection is to enforce the rules and regulations of the City and County of San Francisco and the California State Department of Agriculture pertaining to the production, processing, and handling of fluid market milk and milk products. The enforcement of these regulations insures the consumer of a safe and wholesome product.

### DAIRY FARM INSPECTION

Under the district dairy farm inspection provision of the Agricultural Code, this bureau supervised the production of milk produced on 644 dairy farms. Regulatory supervision on dairy farms covers construction of dairy buildings, installation of equipment, sanitary production and handling of milk, control of water supply, and control of the use of antibiotics and pesticides. In addition to routine inspection, samples of milk are taken at the dairy farm and submitted to the San Francisco Public Health Microbiological Laboratory and the Chemical Laboratory for analysis to determine the quality of the raw milk. This bureau utilizes the services of five laboratories located in outside areas.

### PROCESSING PLANTS INSPECTION

The Bureau of Dairy and Milk Inspection supervises the processing of fluid milk and milk products in seventeen processing plants. Regulatory supervision in these plants covers the sanitary construction of buildings, installation of equipment, and sanitary processing and handling of the products. Samples of the raw and pasteurized products are taken at the plant and submitted to the microbiological laboratory and chemical laboratory for analysis to determine the quality of the products. Table No. 1 outlines the daily distribution of the fluid milk products in San Francisco.

### TYPES AND NUMBER OF INSPECTIONS MADE

Listed below are the types and number of inspections made by the staff during the fiscal year 1963 - 64:

Dairy Farms	14,482
Skimming and Cooling Stations	1,189
Pasteurizing Plants	2,163
Groceries, Delicatessens and Public Eating Places for Sampling	1,778
Cheese and Ice Cream Factories	96
Miscellaneous	106
Complaints	15

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Total Inspections 19,829



### NUMBER OF SAMPLES TAKEN FOR ANALYSIS

Listed below are the number of samples of milk, cream and milk products, and waters taken for chemical and bacteria analysis:

Dairy Farms (Raw Product)	13,991
Pasteurizing Plants (Raw Product)	6,910
Pasteurizing Plants (Pasteurized Product)	3,003
Groceries, Delicatessens, Public	
Eating Places (Pasteurized Product)	1,612
Sediment Determination	8,492
Rinses and Swabs	1,485
Water Supplies	212
<hr/>	
Total Samples	35,705

### QUALITY OF MILK AND MILK PRODUCTS

Outlined below is the quality of milk and milk products analysed:

	<u>Per Cent Milk Fat</u>	<u>Solids Not Fat</u>	<u>Bacteriological Colonies per Milliliter</u>
Grade A raw milk received from Producers for Pasteurization	-	-	11,000
Bulk Tankers of Grade A raw milk received at Pasteurizing Plants	-	-	16,000
Grade A raw cream as received for pasteurization	-	-	12,000
Grade A raw skim milk for pasteurization	-	-	20,000
Grade A pasteurized milk taken at Pasteurizing Plants	3.7	8.8	500
Grade A pasteurized milk taken from groceries, delicatessens, hotels and restaurants	3.7	8.8	2,000
Grade A pasteurized whipping cream	37.3	-	500
Grade A pasteurized pastry cream	38.6	-	3,000
Grade A pasteurized table cream	22.4	-	2,000



	<u>Per Cent Milk Fat</u>	<u>Solids Not Fat</u>	<u>Bacteriological Colonies per Milliliter</u>
Half and Half pasteurized	12.24	-	500
Pasteurized skim milk (non-fat)	-	-	400
Flavored Milk Drinks	3.4	-	700
Concentrated milk pasteurized	10.33	25.67	600
Ice Cream	11.21	--	2,000
Ice Milk	4.2	-	1,000
Ices and Sherbets	2.3	-	500
Pasteurized Low Fat Milk	2.03	10.25	500

During the year 51,350 gallons of milk was degraded and 1,942 gallons was condemned.

DAILY DISPOSITION OF FLUID MILK PRODUCTS IN  
SAN FRANCISCO DURING CALENDAR YEAR, 1963

TABLE NO. 1.

	<u>Past. in S.F. (Gal)</u>	<u>Past. in S.F. where (Gal)</u>	<u>Bal- ance sold in S.F. (Gal)</u>	<u>Past. else- where and sold in S.F. (Gal)</u>	<u>Total Daily S. F. Sales 1963 (Gal)</u>	<u>Total Daily S. F. Sales 1962 (Gal)</u>	<u>Inc. Dec. + - 1963 (Gal)</u>	<u>Inc. Dec. % + - 1963 (Gal)</u>	<u>Con sump- tion Cap- ita Pints</u>
Market Milk	119,664	58,656	61,008	6,935	67,943	61,724	+6,219	+10.08	.725
Half & Half	4,975	1,698	3,277	282	3,559	3,490	+ 69	+ 1.98	.038
Cream	880	301	579	43	622	582	+ 40	+ 6.87	.0066
Non-Fat	5,239	2,943	2,296	567	2,863	3,764	- 901	-23.94	.0305
Buttermilk	2,127	1,114	1,013	256	1,269	1,515	- 246	-16.24	.0135
Flavored Milk Drinks	1,916	854	1,062	244	1,306	1,468	- 162	-11.04	.0139

Based on Population of 749,900





# PUBLIC HEALTH BACTERIOLOGICAL LABORATORY

## PURPOSE AND OBJECTIVES

The public health laboratory exists, in part, to provide adequate laboratory services for the successful conduct of the programs of the health department. Another function is to provide laboratory service to the community for the control of communicable disease and to provide assistance to community physicians in the solution of other problems relating to the general field of public health. The public health laboratory also serves as an aid to clinical laboratories in a consultative and reference manner on certain laboratory examinations in which the public health laboratory is especially well qualified and where, for one reason or another, the clinical laboratories are limited.

## PRESENT PROGRAMS

### COMMUNICABLE DISEASE CONTROL

#### A. Venereal Disease Control

Two standard serological tests for syphilis, the Kolmer Complement Fixation Test and the V.D. R.L. Test, are currently being employed by this laboratory to aid the physician in the diagnosis of syphilis. In a continuing yearly trend, serological testing for syphilis increased over the previous fiscal year.

TABLE I

NUMBER AND PERCENTAGE OF SYPHILIS SEROLOGY  
SPECIMENS EXAMINED BY SOURCE

	Number	Percent
San Francisco City Clinic . . . . .	17,874	37.3%
San Francisco General Hospital . . . . .	13,218	27.5%
U.C. Hospital, O.P.D. . . . .	7,972	16.7%
Civil Service Commission . . . . .	3,423	7.1%
Private Physicians, Clinical Laboratories and Hospitals . . . . .	2,918	6.1%
Youth Guidance Center, Laguna Honda Hospital, Hassler Health Home, etc., . . . . .	2,550	5.3%
TOTAL	47,975	

Cultural, microscopic and drug susceptibility tests for gonorrhea were performed by the laboratory for the San Francisco City Clinic, Youth Guidance Center and other agencies. Testing for gonorrhea increased by over 1,000 tests this past year when compared to the previous fiscal year. A superior culture media for the discovery of gonorrhea bacteria was evaluated and adopted during this past year. This new media will uncover more cases of gonorrhea and should better assist the physician in the control of this disease.

Laboratory examinations in the field of Venereal Disease Control alone comprised over 65% of all examinations performed by the laboratory during the past year and required over 40% of total professional staff time.



## B. Tuberculosis Control

Microscopic, cultural and drug susceptibility testing services for tuberculosis were performed in the laboratory in support of the Division of Tuberculosis Control. A 7.6% increase in the number of drug susceptibility tests for tuberculosis bacteria were made this past year over the preceding fiscal year. Increases were also noted in the number of cultural and microscopic examinations performed.

The Bacteriological Laboratory serves as a Regional Tuberculosis Drug Susceptibility Testing Laboratory for the counties of Napa, Sonoma, Marin and San Mateo as well as for San Francisco. All new, reactivated and persistent "positive" tuberculosis patients are tested for drug resistant organisms. During the past year six new drugs were added to our test procedure to assist the physician in choosing the optimum drug treatment for his patient when bacterial drug resistance is discovered.

TABLE II  
NUMBER AND PERCENTAGE OF TUBERCULOSIS SPECIMENS  
EXAMINED BY SOURCE

	<u>Number</u>	<u>Percent</u>
San Francisco Tuberculosis Survey (S.F. General Hospital Chest Clinic, Private Physicians, Clinical and Hospital Laboratories ) . . . . .	4,697	53.2%
San Francisco General Hospital . . . . .	3,502	39.7%
Hassler Health Home . . . . .	628	7.1%
TOTAL	8,827	

## C. Other Communicable Disease Services

Laboratory services were also provided in other areas of Communicable Disease concern. These services included testing in parasitology, enteric bacteriology and in food poisoning outbreaks. Examinations in parasitology increased by over 75% during the past year.

### SANITATION

#### A. Dairy and Milk Services

The laboratory provides the Bureau of Dairy and Milk Inspection with the necessary testing services for various milk and milk products. These services include testing for the bacterial and antibiotic content of milk. Although the number of examinations performed in this area remained about the same last year as in the preceding year, more involved laboratory testing was performed to assist the Milk Inspectors in bringing milk of higher quality to the City.

#### B. Housing and Sanitation Services

The laboratory provides services in the area of Housing and Sanitation for establishing the bacteriological quality of drinking and recreational water, cleanliness of eating utensils and the detection of pathogenic bacteria in food products. The number of examinations in water bacteriology increased by over 55% during the past year. A new test for bacterial pollution of water was evaluated and then added to increase our service in this area.



TABLE III

## LABORATORY EXAMINATIONS BY YEAR AND PROGRAM AREA

<u>COMMUNICABLE DISEASE CONTROL</u>	<u>1959-60</u>	<u>1960-61</u>	<u>1961-62</u>	<u>1962-63</u>	<u>1963-64</u>
Venereal Disease Control					
Syphilis	67,938	66,898	69,922	73,999	74,090
Gonorrhea	21,565	21,494	22,822	25,384	26,438
Tuberculosis Control					
Microscopic	8,306	8,430	7,083	7,413	7,672
Culture	9,632	9,898	8,709	8,696	8,823
Drug Susceptibility	250	299	343	447	481
Other					
Enteric	1,040	1,149	474	544	491
Parasitology	1,047	1,041	195	254	446
<u>SANITATION</u>					
Milk	24,964	30,845	28,334	28,674	28,801
Water	2,744	3,482	2,688	2,719	4,218
Food	2,989	3,225	778	779	583
<u>MISCELLANEOUS</u>	<u>731</u>	<u>562</u>	<u>3,269</u>	<u>3,153</u>	<u>2,072</u>
TOTAL EXAMINATIONS	141,037	147,401	144,617	152,062	153,349

TABLE IV

NUMBER AND PERCENTAGE OF TOTAL LABORATORY EXAMINATIONS  
BY PROGRAM AREA, 1963-1964

<u>COMMUNICABLE DISEASE CONTROL</u>	<u>Number</u>	<u>Percent</u>
Venereal Disease	100,528	65.3%
Tuberculosis	16,976	11.0%
Other (Parasitology, Enteric, etc.,)	937	0.6%
Total	<u>118,441</u>	<u>76.9%</u>
<u>SANITATION</u>		
Dairy and Milk	28,801	18.9%
Sanitation and Housing	6,125	3.8%
Water (4,218)		
Glass and Utensils (1,324)		
Food (1,012)		
Total	<u>34,926</u>	<u>22.7%</u>
<u>OTHER</u>		
Hassler Health Home, Central Emergency, etc.,	582	0.4%
TOTAL	<u><u>153,949</u></u>	<u><u>100.0%</u></u>



TABLE V

PERCENTAGE OF MICROBIOLOGIST  
TIME REQUIRED BY PROGRAM AREA

<u>COMMUNICABLE DISEASE CONTROL</u>	<u>Percent</u>
Venereal Disease	40%
Tuberculosis	30%
Other (Enteric Bacteriology, Parasitology, etc.)	10%
	<u>80%</u>
 <u>SANITATION</u>	
Dairy and Milk	15%
Sanitation and Housing	5%
	<u>20%</u>
TOTAL	<u>100%</u>

PROBLEMS

The continuing and main problem of the laboratory is one of staffing. The number of laboratory examinations has increased markedly over the past years in our established service areas without sufficient addition of laboratory Microbiologists. In addition to maintaining routine services, new fluorescent antibody tests have been requested. In order to provide adequate base laboratory services and to keep up with the increasing volume of work more Microbiologists are needed.

The office clerical staff has consisted of two clerk-typists for the past thirty-five (35) years. They process laboratory reports and correspondence from both the Microbiology and Chemistry Laboratories, as well as file and compile statistical data. An increase of examinations and other work by both laboratories over these years necessitates the addition of either a clerk-typist at the Chemistry or Microbiology Laboratory just to keep up with the volume of work currently performed.

SERVICES TO BE DEVELOPED

FLUORESCENT ANTIBODY MICROSCOPY

Fluorescent antibody microscopy is an established technique in the majority of public health laboratories in California and should be used in this laboratory. The test is used for the rapid and definitive identification of rabies, syphilis, gonorrhea, tuberculosis, diphtheria, whooping cough and other diseases.

This laboratory has both the equipment and the technical competence to perform these tests but does not have sufficient staff to continue the routine testing services and also initiate the fluorescent antibody tests.

TUBERCULOSIS

The specific Serum Drug Antimycobacterial Test should be evaluated in the coming fiscal year to determine its usefulness in assisting the physician in the successful treatment of tuberculosis.

The remodeling of a laboratory room for use in tuberculosis bacteriology will now provide sufficient working space and a safer environment for Microbiologists to perform more involved testing with tuberculosis bacteria.





## CHEMICAL LABORATORY

The function of the Chemical Laboratory is to perform chemical tests and analysis for the Inspection Division of the Department of Public Health, the Police Department, the California Highway Patrol, the Emergency Hospital Service, San Francisco General Hospital, San Francisco Water Department, School Department, Society for the Prevention of Cruelty to Animals, and other departments requesting these services to maintain the health and welfare of the people of San Francisco.

In addition to providing analytical services, the Chemical Laboratory also establishes proof in obtaining the conviction of suspected violators of the Health regulations, and aids the official law enforcement agency in solving toxicological problems.

The Chemical Laboratory received a total of 7,465 samples and performed a total of 32,385 tests on these samples during the fiscal year 1963-1964.

<u>GROUP</u>	<u>NO. OF SAMPLES</u>	<u>TESTS PERFORMED</u>
Ground Meats	609	2120
Processed Meats	376	3129
Stomach Contents	852	5371
Toxicological Specimens	444	3346
Waters	328	1129
Sobriety Tests	512	2522
Drugs	127	624
Miscellaneous Foods, e.g. salvage foods, food poisonings, etc.	140	985
Miscellaneous Other Products, e.g. paints, chemicals, solutions, etc.	41	169
Air Samples	1383	2291
Milk and Milk Products	2653	10699

There were 23 owners of retail meat markets arrested and fined this past fiscal year for adding sulfites, a preservative, to their ground meat. This was the greatest number of convictions for the adulteration of ground meats with a preservative in one fiscal year. There were also 22 offenders who exceeded the legal limit of fat in their hamburger and pork sausage.

Fifty-eight (58) processed meat samples submitted contained more water than permitted. Nonfat dry milk was the second offender with 24 samples containing over the 3.5% permitted. There is no limit to the amount of fat permitted in frankfurters, bologna, etc. Many frankfurters and bologna contain over 30% fat, which means that water and fat accounts for over 85% of the total ingredients.

Stomach contents (gastric washings) are submitted by the Emergency Hospitals from cases involving the ingestion of poisons taken accidentally or with suicidal intent. There were 420 positive toxic ingestions the last fiscal year. Aspirin was first with 209, barbiturates next with 122, and arsenic third with 14. The major number of aspirin ingestions were children under 3 years of age. This was also true of arsenic as an ingredient in sweet ant paste and in snail baits left around the garden or home. Miscellaneous drugs and household hazards made up the balance of toxic ingestions.



Toxicology, the science which treats with poisons, their antidotes, etc., has become a large factor in the program of the Chemical Laboratory due to ever increasing demands by the doctors at San Francisco General Hospital. As the laboratory increases its scope for identifying and quantitating new drugs in biological fluids, the doctors submit more specimens and request more information to assist in diagnosis. A rapid but comprehensive analysis of specimens, e.g. blood, urine, spinal fluid, peritoneal dialysis fluid, etc., for toxic poisons is a necessity in the diagnosis and treatment of emergency comatose patients. Modern instrumentation, crystallography, paper chromatography, etc., has enabled this laboratory to give this service.

Sobriety tests are samples of blood submitted by the San Francisco Police Department and the California Highway Patrol for the quantitative determination of alcohol in accident cases involving drunk driving. There were 18 court cases with jury trial this past fiscal year, with a chemist testifying as expert witness.

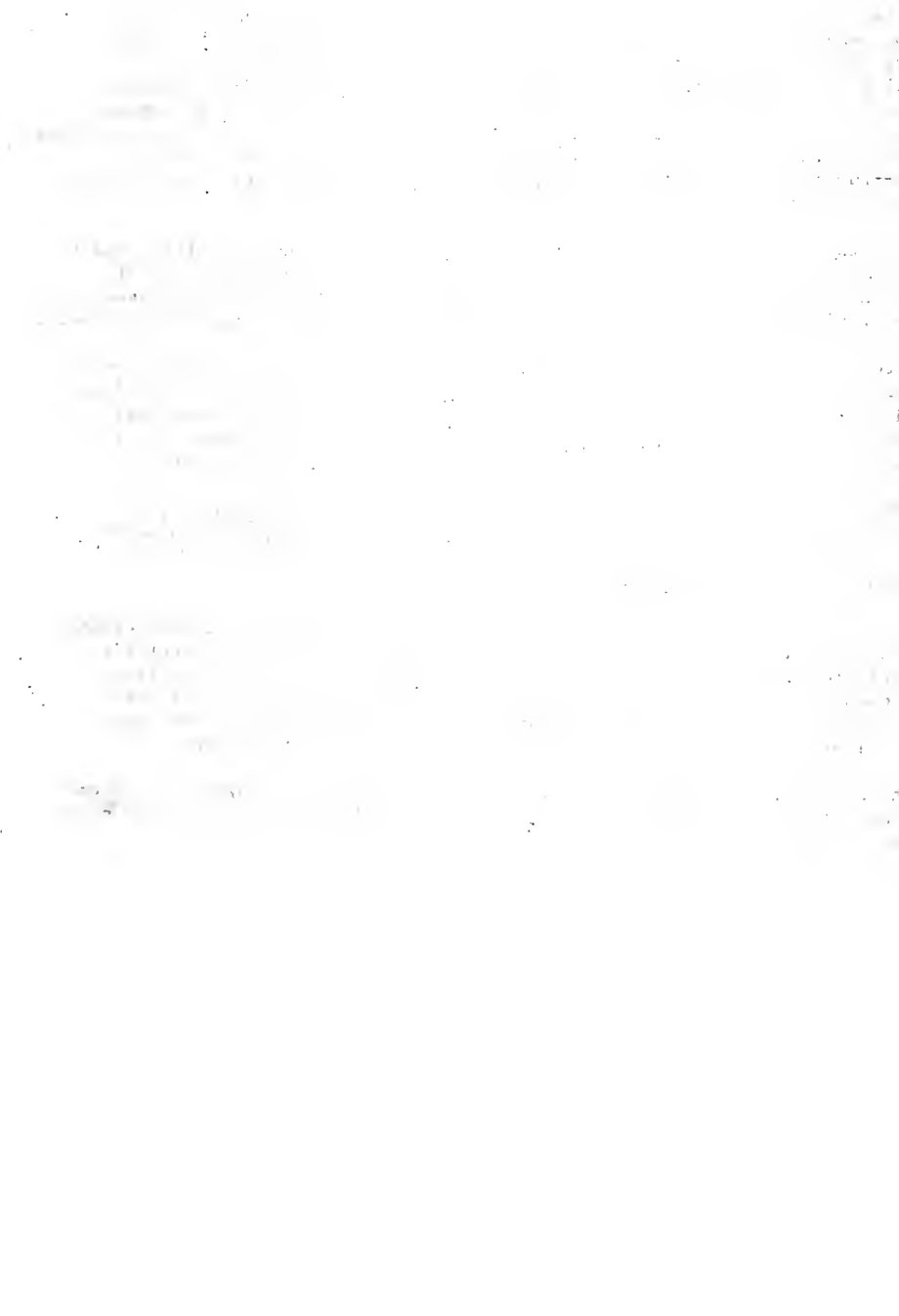
The Cryoscope (an instrument that determines the freezing point of milk to one-thousandth of a degree Centigrade, from which figure the percentage of added water in the milk can be determined) continues to show up added water in milk that a few years ago would have gone undetected. For the first time in years a milk shipper was taken to court and found guilty of adding water to his milk.

In May 1964 the Department inaugurated a new water sampling program so that at least 36 different points throughout San Francisco are analyzed each month.

#### FUTURE PLANS OF THE CHEMICAL LABORATORY

Continue research of new methods, utilizing the spectrophotometer, chromatography and crystallography to increase the number of new drugs that may be identified in the toxicological specimens; also increase the accuracy of the identification and quantitation of these drugs. A Beckman DK-2 spectrophotometer with automatic recorder and a Gas Chromatograph would greatly facilitate the above research. These instruments will again be requested in the next budget.

Work with the Bureau of Disease Control in resolving Industrial Hygiene problems in San Francisco by chemical analysis of carbon monoxide, lead, arsenic and other environmental sanitation measurements.



## THE DISTRICT HEALTH CENTERS

The District Health Centers provide many of the services of the Public Health Department on a neighborhood basis and make it possible to design programs according to the needs of the population of the individual districts. Such services are principally those carried out by the public health nurses. Each health center is staffed by 12 to 15 public health nurses under the direction of a supervising public health nurse and a full time district health officer, who is a physician with public health training and experience.

The primary responsibilities of the district health centers are:

### 1. The Control of Communicable Diseases:

The health centers conduct periodic immunization clinics for preschool and school children in order to maintain their immunity to smallpox, diphtheria, pertussis, tetanus, and poliomyelitis. Measles vaccine for preschool children has recently been added to the immunization schedule.

At the request of parents, the public health nurses visit cases of suspected contagious diseases and assist them to secure diagnosis and treatment. In schools, the nurses isolate children with suspected diseases until they can be sent home.

The control of tuberculosis occupies a considerable part of the public health nurses' time with follow-up of children with positive tuberculin tests, investigation of persons who have been in contact with active cases of tuberculosis and the supervision of tuberculous patients who have been discharged from the hospital. Modern treatment methods have permitted many patients to be discharged after a short hospital stay. This has greatly increased the number of these cases that must be visited periodically.

The extensive tuberculin testing program, reaching 30,000 to 40,000 preschool and school children annually, gives a good picture of the amount of active tuberculosis in the community and pin-points the areas where casefinding and control measures are needed.

### 2. Maternity Nursing:

All of the mothers who are attending the San Francisco General Hospital Prenatal Clinic are visited periodically by the public health nurses. These mothers, usually indigent, many of them very young, show a very high rate of the serious complications of pregnancy, especially prematurity. The public health nurses encourage them to seek care early in their pregnancy, to keep their appointments, to follow their special diets, help them prepare for the new baby and make



plans for their family's care during their hospitalization. Following the delivery, the nurse helps the mother learn how to care for the baby, demonstrates bathing, feeding, etc. and helps the family find adequate medical supervision. Where indicated, the nurse will advise the family how they can receive family spacing instruction.

3. Child Care:

The health centers conduct a total of 35 Child Health Conferences per week for the examination of well preschool children of families who cannot afford such care elsewhere. The children are given a physical examination, the indicated immunizations, and feeding and training instructions. Growth and development of the children are noted and the mothers are given time to discuss any problems of guidance or discipline. If further treatment or care is indicated, the appropriate referrals are made. Follow-up visits to the home are made by the nurses where needed.

4. School Health Program:

The school health services in all of the city's public and parochial schools are provided by the Public Health Department. Each public health nurse is assigned from 1 to 3 schools on a part time basis, with an average of about 1500 students. Her duties in the school include keeping health records on all students, assisting with the vision and hearing screening programs, and following all those who failed the tests to see that definitive care is given, assisting with tuberculin testing and follow-up of positive reactors, encouraging parents to have their children examined regularly, scheduling students for physical examinations in school by the public health physician if the family cannot afford such care, aiding school personnel to handle first aid and sick children, and working with counselors, teachers and parents to solve problems of students with emotional disturbances.

5. Crippled Children Services:

The public health nurses visit the home of all children receiving aid from the Crippled Children Services to make sure that the family is carrying out the doctor's recommendations and that the child is benefiting by the treatment.

6. Services for the Chronically Ill and Aged:

Because of the high cost of hospitalization or other institutional care, more and more chronically ill and aged patients are being cared for at home. The public health nurses are visiting an ever-increasing number of these people and helping them obtain the services that make it possible





for them to manage at home. Several of the health centers have been participating in a cooperative program with the San Francisco Homemaker's Service which has provided social service for these families and often a homemaker or home health aide to assist the family with the care of these patients. From this experience, these centers have learned the great value of social workers and it is fervently hoped by all that each center will soon have a full-time social worker on its staff. There are so many social and financial problems that often must be solved before the medical problems can be attacked.

7. Mental Hygiene:

Many of the families who come to the health centers are seeking help with mental or emotional problems. The nurses, with experience, have acquired considerable skill in helping these people understand their problems and how to find the help they need. Consultants for the Community Mental Services visit the centers periodically to discuss problems with the nurses and aid them in dealing with such cases.

8. Health Education:

The health centers provide extensive health education services, both on an informal and formal basis, for the people of the district. Parents' education classes are held regularly in several of the centers. Film showings and discussion groups on a variety of subjects are held in the centers or in schools, churches and other locations in the district by the nurses and doctors of the Health Department. Unfortunately, the staff is unable to devote as much time to this important activity as would be desirable and each center should have a full-time health educator to direct this program.

9. Information and Referral:

The health centers receive innumerable requests for information on a great variety of topics and considerable time is expended in answering these requests or in referring the person to a more appropriate source.

10. Student Program:

Nursing students, medical students, dietitians, nutritionists and other students receive training and observation experiences in community health services in the health centers.



## THE PRESENT DISTRICTS:

### Alemanya District

The Alemany District covers the central portion of the southern border of the city and is a predominantly residential area for middle and low-income families. The present health center shares a building with the Alemany Emergency Hospital on Onondaga Street at Alemany Boulevard and serves a population of approximately 75,000.

The unusually large number of preschool children of low-income families make it necessary to hold seven Child Health Conferences per week, two of which are held in out-lying substations. The nurses visit many homes for maternity or tuberculosis supervision or for a variety of chronic conditions besides serving the 27 schools in the district.

### Central District

The Central District includes the "South of Market" area and an area north of Market Street which surrounds the Civic Center to Stanyan and Fulton Streets. The population of 81,100 includes a higher than average number of non-whites and a large "problem" group of single, elderly males, who live in cheap hotels or rooming houses in the "Skid Row" area. This group has very high rates of alcoholism, cirrhosis, tuberculosis, malnutrition and suicide. Because of many social and psychological problems, these men are very difficult to reach, they often do not want help. The families who live in the district have low incomes or are welfare recipients. They are very transient and seldom follow through even when adequate care is provided for them.

The health center is located on the first floor of the Central Office Building at 101 Grove Street. Four Child Health Conferences per week are held to care for the preschool children. There are only 14 schools in the district but the nurses carry very heavy case loads of maternity, tuberculosis and chronic disease cases. The health center also handles the very heavy load of general requests for information that comes into the Central Office.

### Eureka-Noe District

The Eureka-Noe District is located in the center of the city between Valencia Street and Twin Peaks. The present health center is located at 18th Street and Sanchez and serves a population of approximately 80,000 people who are predominantly low-income with a high percentage of Latin-Americans. The principal public health problems are tuberculosis and chronic illness and aging. Many of the families who have recently moved here from Mexico or Central America are helped to improve their general hygiene and to use the medical facilities available.

After several years of planning, the construction of the new health center at 17th Street and Prosper began in June. When the building is completed, the Eureka-Noe District will combine with the Mission District and the staff from both centers will move into the new building.



### Hunters Point District

The Hunters Point District occupies the southeast corner of the city. About one-half of the 50,000 people live in permanent housing projects and some of the remaining temporary housing. Most of the population is in the low-income group with a high percentage on welfare programs. It is a young population, 50% are under 25 years of age. Tuberculosis, venereal disease, infant mortality and prematurity are the serious public health problems.

The present health center is located in one of the Housing Authority buildings in the extreme northeast corner of the district. It is not easily accessible so Child Health Conferences are held in three substations throughout the district. There are 19 schools in the district that require considerable nursing time because many of the children receive poor care at home.

The Hunters Point District will soon be combined with the Alemany District and a site for a new health center is being sought.

### Marina-Richmond District

The Marina-Richmond District covers that area of the northwest corner of the city around the Presidio. The Marina area includes very wealthy areas and some much less fortunate districts. The Richmond area is a primarily middle-class neighborhood. The present health center is located in an old store building on Greenwich Street. When the new Westside Health Center is completed the Marina District will be combined with Westside and the Richmond District will become part of the Sunset District.

The present district houses a population of approximately 120,000, most of whom are native white Caucasians. The principal public health problems are tuberculosis and chronic disease. Two Child Health Conferences per week care for the preschool children. Emotional problems among school children seem to be increasing, as in other districts, and the nurses and other personnel work with them and their families to find the help that they need.

### Mission District

The present Mission District lies between Valencia Street and the Bay. The population of 71,000 includes a high percentage of Spanish-Americans as does the Eureka-Noe District with which it will combine when the new health center building is completed. A high percentage of the residents live in rented quarters and the transiency is very great. Many of the mothers deliver at the San Francisco General Hospital so maternity cases make up a large part of the nursing case load. Tuberculosis is also very high in this area.

The present health center occupies a converted ward on the first floor of the Tuberculosis section of the San Francisco General Hospital. Five Child Health Conferences are held per week to care for the large number of preschool children. The 24 schools in the district include the Sunshine School for orthopedically handicapped children.



### North East District

The North East District covers the northeastern corner of the city and includes the North Beach, Chinatown and most of the downtown areas. The population of about 93,000 has undergone considerable shifting recently because of the removal of many old buildings for the construction of the Golden Gateway Project and other high rise apartment buildings. About one-third of the population is Chinese, many of whom do not speak English. This language barrier presents many problems for public health personnel. Tuberculosis, cirrhosis and suicide are important public health problems. The average age of the population is high so the death rate is high and the birth rate is low.

The health center is located on the first floor of the Ping Yuen Housing Project. Because of the large number of tuberculosis patients in the district, a unit of the Chest Clinic is held in the health center each week.

### Sunset District

The Sunset District takes in all the area south of Golden Gate Park and west of Twin Peaks. The 130,000 residents are primarily middle-class Caucasians, most of whom are able to provide adequate medical care for their families. The 34 schools in the district take up about half of the staff nurses' time. Patients with tuberculosis, chronic disease and problems of aging take up most of the rest of their time. Two Child Health Conferences per week care for the preschool children whose families cannot afford such care.

### Westside District

The Westside District is the smallest health district in the area but has the most serious public health problems. The area includes the "Western Addition" whose population is 50% non-white. The rates of tuberculosis, venereal disease, prematurity, illegitimacy and infants deaths are all very high. Housing in general is poor and many have been shifted from their homes by the Redevelopment Project. The nurses spend most of their time visiting homes to encourage these people to use the facilities available to them, to seek care early in pregnancy, to bring their babies regularly to the Child Health Conferences and to return for proper follow-up if they have had tuberculosis.

The present health center is housed in an old store building that is very inadequate for the needs of the district. Plans are now being completed for the construction of a new health center in the Redevelopment area.





## Reorganization of the Health Districts

Many of the present health centers are housed in rented quarters that are quite inadequate for present needs. Three years ago, plans were initiated for the consolidation of the nine districts into five larger districts and a building program begun. The new districts will be larger in order to qualify for Federal and State funds to partially offset the cost of the buildings. The Eureka-Noe and Mission Districts have already been combined and the new health center is under construction, to be ready for occupancy in May, 1965. Plans are already under way for the construction of the new Westside Health Center on a site in the Redevelopment area. The Alemany and Hunters Point Districts will combine and a site for that center is being studied.

The enlarged health centers will make it possible to offer on a neighborhood basis certain services which are now available only at the Central Office or at San Francisco Hospital or not at all:

1. Inspection of housing, food inspection and investigation of complaints of a sanitary nature.
2. Chest clinics and x-ray facilities for supervision of non-hospitalized tuberculous patients and follow-up of tuberculin reaction.
3. Mental health and child guidance services.
4. Expanded training programs and observation experiences for student nurses, nutritionists, medical students and residents in the problems of community health.
5. Social services--the addition of social workers to the staff of the health centers will fill a gap that has long been felt by the nurses attempting to help families with difficult medical, social and financial problems.
6. Services for the chronically ill and aged in their homes, including health supervision, homemaker and home care programs.
7. Expanded dental health services, especially of a prophylactic nature.
8. Health education services.
9. Screening procedures for various chronic diseases such as glaucoma and diabetes.
10. Possible decentralization of certain outpatient services of the San Francisco Hospital, such as prenatal supervision.



## NALLINE CLINIC

The Nalline Clinic was started on July 15, 1959 on the combined efforts of the San Francisco Public Health Department and the San Francisco Police Department. It was set up and organized similar to the Alameda County clinic. The proper name should be Narcotic Testing Center, but Nalline Clinic is the commonly used term. Its purpose is to examine and test any person who is a suspect user of narcotic drugs, either past or present.

The objective of this clinic is two-fold: one, to scientifically determine if a subject person has a narcotic drug in his system at the time of the test; and two, induce ex-addicts to keep themselves away from narcotic usage and prove themselves 'clean'.

### RELATIONSHIPS

The Nalline Clinic operates as a speciality clinic under the Director of Public Health, employing one physician on a part-time basis. The clinic clerical work is accomplished by members of the Police Department Narcotic Detail, usually two or three men during each session. Probation and parole officers are usually present also. The clinic is operated in a reserve morgue room in the basement of the Hall of Justice, Seventh and Bryant Streets, San Francisco. (For the first three years this clinic was quartered in the Public Health Building, above Central Emergency Hospital).

Clinical supplies are provided by the Health Department. Central Emergency Hospital supplies sterilization and a minimal amount of linen.

### PROGRAM

The present program is the same as at the clinic's inception five years ago. A table is enclosed for the calendar year of 1963, when 5,999 tests were accomplished. The total for the five-year period is 24,000 tests completed on approximately 1,600 individuals. Its effective results are difficult to evaluate.

There have been many addicts confirmed by the medical test and then appropriate disposition is taken by the courts. Its biggest value has been in the preventative field for persons on probation and parole, who must prove themselves to be "clean" weekly, monthly, or on surprise visits as directed by their respective probation or parole officer. There have been some disappointments as well in individuals who have reverted to narcotic usage, but the clinic has been very instrumental in discovering these persons early in their re-addiction problems.

### EQUIPMENT

Our equipment is necessarily simple and adequate. Nothing new needed.

### PROBLEMS

No problems at present, nor are there any anticipated. There is possibly a move contemplated for the near future to the Ferry Building area.



SAN FRANCISCO GENERAL HOSPITAL

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# SAN FRANCISCO GENERAL HOSPITAL

## PURPOSE AND SCOPE

The San Francisco General Hospital is responsible for supplying acute medical and surgical care to the medically indigent residents of the City and County. It functions as a part of the curative or therapeutic Medical Section of the Department of Public Health. It operates under the Director of Public Health, and the Assistant Director of Public Health, Hospital Services.

For the second consecutive year San Francisco General Hospital was one of the very few hospitals in the United States to fill its quota of interns and residents. To a large extent this is due to the excellent cooperation of the City administration, the Department of Public Health, and the University of California in providing the necessary funds for equipment, facilities, and personnel for this type of operation.

## PROGRAM ACTIVITIES

### PATIENT STATISTICS:

For the fiscal year 1963-64 our patient day load was almost the same as during 1962-63 (see Chart I ). The total patient days were 291,192 as compared with 303,306 for the previous fiscal year, a decline of approximately 4%. Total admissions and births were 22,842 as compared with 21,193, an increase of approximately 7.8%.

### REVENUES RECEIVED:

Fee tag collections for the fiscal year 1963-64 totaled \$2,136,019.00 compared with \$1,993,154.00 collected in 1962-63. This represents an increase of approximately \$142,865.00 or 7.2% over 1962-63. Following is a two-year comparison of these collections:

<u>Source</u>	<u>1962-63</u>	<u>1963-64</u>
Care of Patients - General	\$ 688,522.	\$ 572,055.
Bureau of Delinquent Revenue	269,828.	310,139.
Care of Patients - Psychiatric and Tuberculosis	172,125.	257,143.
S.F. Employees Retirement System		
Care of Compensation Cases	116,252.	70,174.
S.F. Public Welfare Department		
Care of Public Assistance Patients	<u>729,327.</u>	<u>892,915.</u>
Total Care of Patients	\$1,976,054.	\$2,102,426.
Miscellaneous Collections	<u>17,100.</u>	<u>33,593.</u>
Total Collections	\$1,993,154.	\$2,136,019.





#### CLINICAL STUDY CENTER:

In March, 1964 we dedicated the opening of the Clinical Study Center here at San Francisco General Hospital.

Funds for the necessary remodeling of the ward and facilities used for this center were provided by a Grant from the U. S. National Institute of Health. It operates under the jurisdiction of the University of California in association with the San Francisco Department of Public Health.

The purpose and the underlying reasons for this center were most aptly described by Dr. J. B. deC. M. Saunders, Chancellor of the University of California Medical Center, in his dedication as follows:

"A progressive community, like a progressive society, needs to create the instruments of progress. This Clinical Study Center is just such an instrument. It will bring to this great hospital the most imaginative minds, the most advanced equipment, the highest levels of technical skill, and the necessary financial support, all aimed at the study of the unsolved problems of the immediately sick. It will serve as focal point for knowledge of the most recent methods which can be applied to the alleviation of the sick. Further, the dissemination of its accumulated experience will extend far beyond the confines of the hospital to the benefit of the community of San Francisco, to the State, to the Nation, to mankind everywhere. But above all, it will bring to bear a critical imagination to medical and clinical problems which can only inspire and improve the efforts of those who have the responsibility for the daily care of our suffering fellow citizens."

#### X-RAY DEPARTMENT:

In June 1964 the lease contract for x-ray equipment was awarded and funds were immediately encumbered to provide for the necessary remodeling that will be required in this department.

The plans for these changes will be extended over three separate phases and will include setting up a new procedures room for angiography and arteriographic studies and two new fluoroscopic units complete with image intensifiers.

The full installation of this new equipment is necessarily contingent upon completion of all phases of the physical remodeling. At present the plans for Phase I have been completed and are at present in the process of being submitted for bids by the Bureau of Architecture.

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### SURGICAL UNIT:

To comply with the standards prescribed by the Joint Commission on Accreditation of Hospitals, plans were formulated for revising the surgical unit area. The changes are designed to reduce the hazard of outside infection to the patient by: (1) eliminating extraneous traffic through this area; (2) providing controlled dressing room facilities for surgical personnel, and (3) enlarging and revising the recovery room area. The final approved plans are presently being readied by the Bureau of Architecture for submission for bids.

### ALL HALLOWS FIRE DISASTER:

On May 23, 1964 at about 11:00 p.m., San Francisco was struck by the severe fire disaster at the All Hallows Church Hall. Over one hundred people were severely burned in this fire. Of these approximately 20 died of their injuries. Without notice, the emergency facilities of the hospital were put to a severe test of caring for approximately 75% of these people. Despite the lateness of the hour, the hospital and its personnel tested their ability to handle such a tragic accident. Effectively and efficiently, they met every demand of this situation.

### FUTURE PLANS

At this time it is expected that there will be an increase in the enrollment of the third year medical students in the next school year from approximately 100 to 128 students. To accomodate this increase the University of California will apply for funds to enlarge and improve the hospital's Barnett-Briggs Library. To prepare for the increased laboratory and office demands, plans are being discussed for possibly remodeling for such purposes the second floor of Building 100.

Also, in the discussion stage is a study for possibly remodeling the student nurses' home for an outpatient clinic. In the past several years the large number of out-patient visits has shown a pressing need for more adequate facilities for this type of service. Statistics showing out-patient visits by service are shown in the chart below:

<u>Clinic</u>	<u>1961-62</u>	<u>1962-63</u>	<u>1963-64</u>
Follow-up	17,890	18,895	18,898
Pediatrics	17,779	17,527	16,622
Prenatal	11,646	10,327	10,347
Adult Psychiatric	7,273	7,821	8,235
Psychiatric Impac	2,014	2,583	3,530
Dental	5,058	4,863	4,476
Admission Emergency	43,721	48,227	47,869
Chest Clinic	28,740	36,056	44,165
	<hr/>	<hr/>	<hr/>
Total:	134,121	146,716	154,142



#### SAN FRANCISCO HOSPITAL AUXILIARY

A special note of thanks and appreciation should be given to the San Francisco Hospital Auxiliary who continue to perform the innumerable services which contribute so much to care of our patients.

#### PATHOLOGY BUILDING

At present construction has been started on the new Pathology Building. The site is located just to the north of Building 100 in the area formerly occupied by the Nurses' Home. It is expected that the new building will be ready for occupancy in September, 1965.

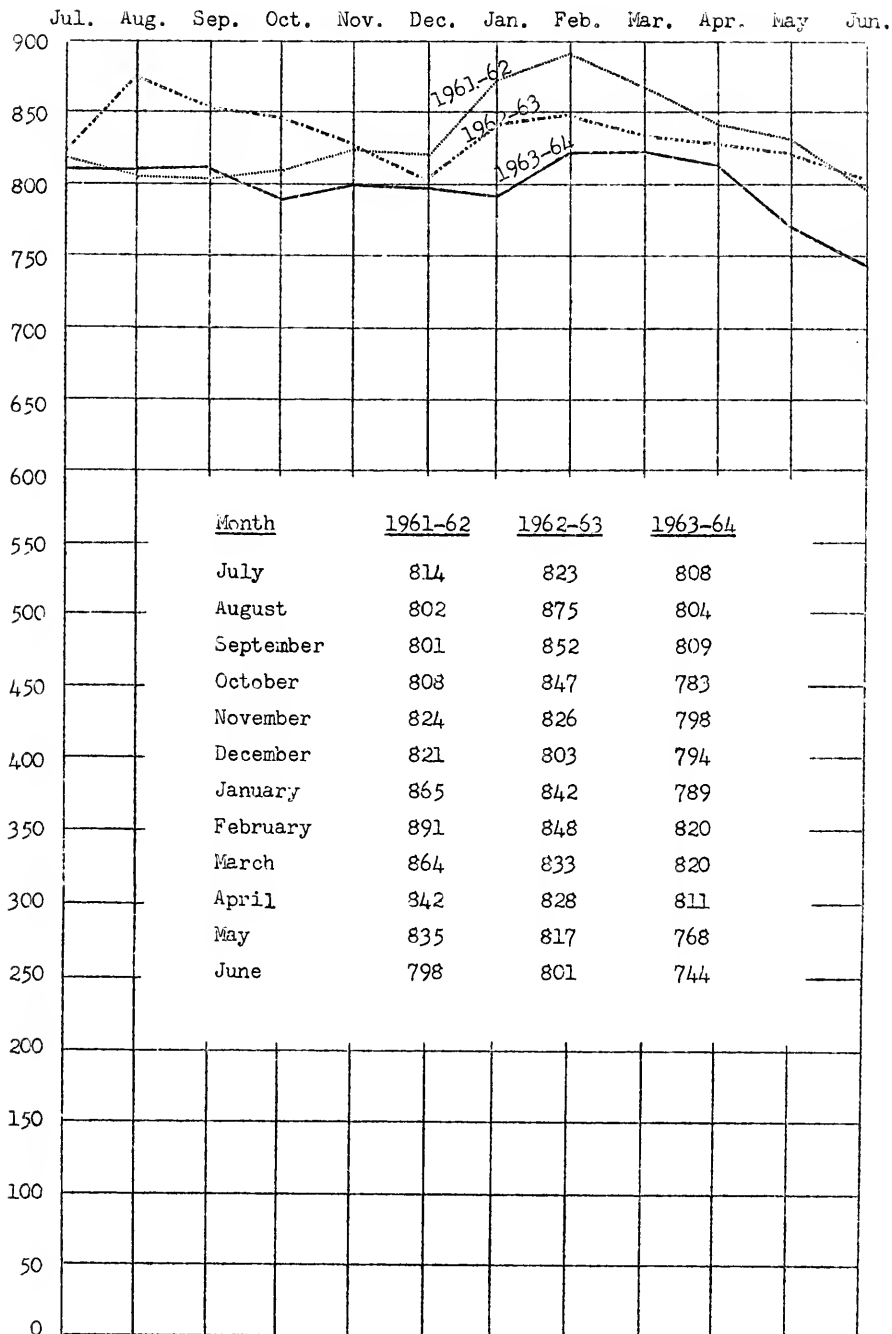
#### PLANNED PARENTHOOD CLINIC

During the year funds were received from private sources for the purpose of establishing a limited planned parenthood clinic for the patients of the hospital.



# AVERAGE PATIENT OCCUPANCY BY MONTH, 1963-64

Chart I







# LAGUNA HONDA HOSPITAL

Laguna Honda Hospital has continued its functional change from an ambulatory residence to a hospital for the chronically ill. The alteration in duties and responsibility is the result of the increasing need for more hospital beds for the chronically ill. To meet this hospital bed shortage, additional ambulatory wards are being contemplated for conversion to hospital wards in the near future. Laguna Honda Hospital is also modernizing and refurbishing two hospital wards. These will utilize the most modern equipment available. With these two wards in service, the hospital section alone will approximate 1250 licensed beds. This dynamic and vital institution is ready to serve and to provide the people of San Francisco with the best medical care in its field.

## COMPARISON OF BED OCCUPANCY

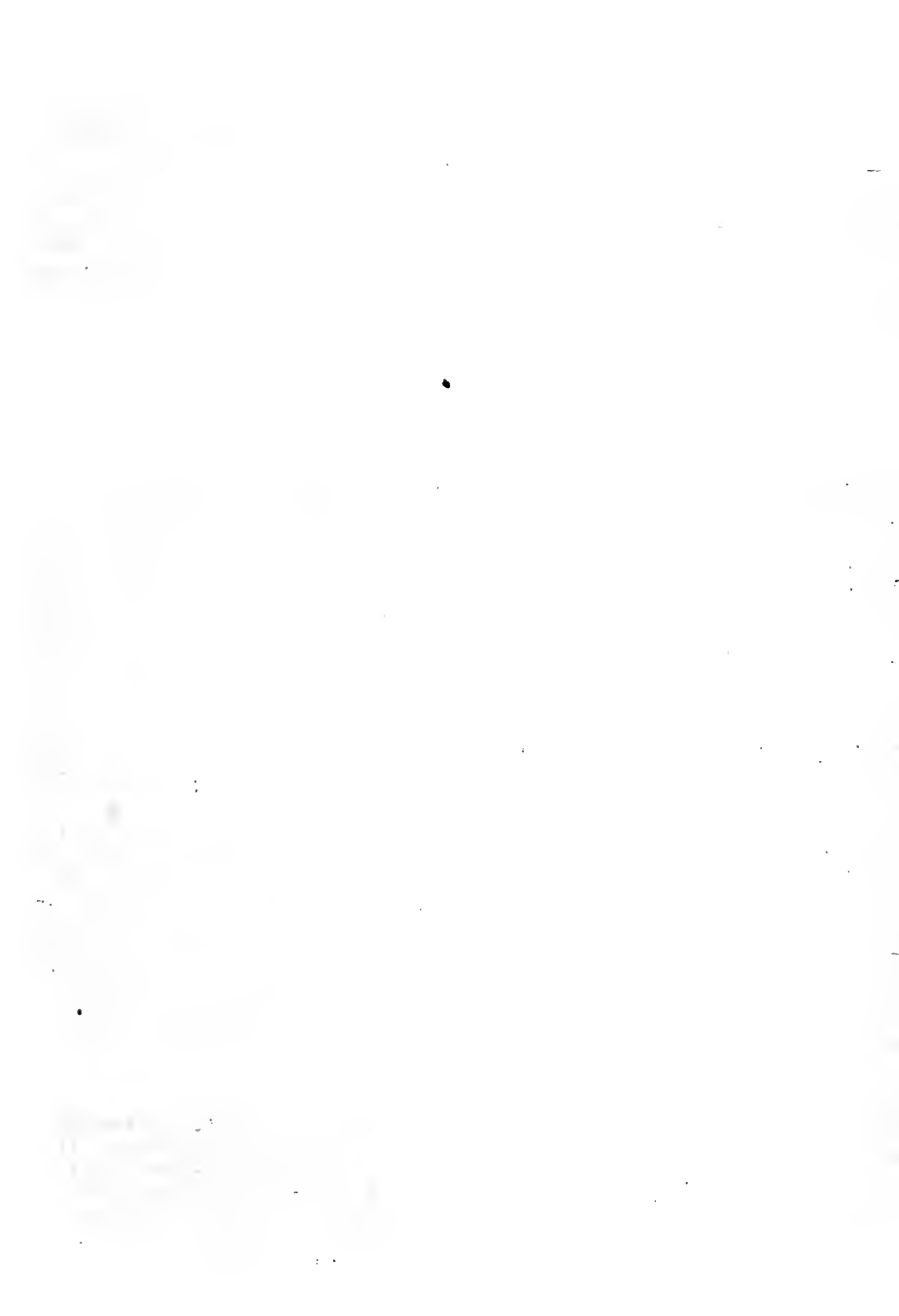
For the Fiscal Years 1962-63 and 1963-64

Service	Aver. No. of Patients for		Max. Rate of Occupancy for		Act. Rate of Occupancy for		Aver. % of Occupancy for	
	1962-63	1963-64	1962-63	1963-64	1962-63	1963-64	1962-63	1963-64
Reg. Hosp.	843	880	307,985	318,054	307,613	322,072	99.88	101.26
Mental	210	200	77,745	77,958	76,579	73,319	98.50	94.05
Rehabilitation	60	61	27,375	27,450	21,946	22,359	80.19	81.45
Modified	593	541	259,880	248,685	216,419	197,833	83.28	79.55
Total	1706	1682	672,985	672,147	622,557	615,583	93.00	91.58

The Average Occupancy Table reveals Laguna Honda's bed utilization, which was very high in 1963-64. The regular hospital wards and the rehabilitation wards both showed increases in bed occupancy of 2%, while the modified (ambulatory) wards showed a decrease of 4%. The hospital wards, whose occupancy was highest at 101%, are still very crowded, while the modified hospital occupancy continues to drop steadily. Patients now seeking admission to Laguna Honda Hospital require more hospitalization and medical care. The analysis reveals that the average number of patients for the regular hospital and the rehabilitation wards increased by 37 patients, while the modified hospital showed a decline of 52 patients. The average percent of occupancy for the entire hospital is still at 92%, a very high degree of bed utilization.

## PATIENT DAY PERCENTAGE OF OCCUPANCY

The following comparative reports will illustrate Laguna Honda Hospital's gradual transformation from an ambulatory residence to a hospital for the chronically ill and rehabilitation center. Comparison of fiscal years 1962-63 and 1963-64 shows a decline in patient days of 6,974. This decline was due to modernization of wards C-3 and C-4, which were closed in November, 1963. C-4 will be opened for service in the Fall of 1964 and C-3 should be opened in July, 1965.



# COMPARATIVE PATIENT DAY ANALYSIS

For the Fiscal Years 1962-63 and 1963-64

Service	1962-63	1963-64	Increase or Decrease	Percentage of Increase or Decrease
Hospital	307,613	322,072	14,459	4.7
Mental Hosp.	76,579	73,319	( 3,260)	( 4.3 )
Rehab. Wards	21,946	22,359	413	1.9
Modified Hosp.	216,419	197,833	(18,586)	( 8.6 )
	<u>622,557</u>	<u>615,583</u>	<u>( 6,974)</u>	<u>( 1.1 )</u>

Laguna Honda Hospital's total patient days showed a slight decline of 1%, but the hospital wards showed an increase of 14,459 patient days and the rehabilitation wards showed an increase of 413 patient days. The modified hospital wards showed a decrease of 18,586 patient days. When Wards C-3 and C-4 are reopened for service, the net result will be 31 additional beds for the regular hospital service and a corresponding decrease in the ambulatory service. This is consistent with the transformation of medical service from ambulatory residence to a hospital for the chronically ill.

## ADMISSIONS

The total number of admissions increased from 1058 in 1962-63 to 1077 in 1963-64. The admissions were distributed among the services of the hospital as follows:

### NUMBER OF PATIENTS ADMITTED TO:

Regular Hospital Ward	458	42.6%
Modified Hospital Ward	429	39.8%
Rehabilitation Ward	190	17.6%

The analysis shows that 458, or 43%, of Laguna Honda's admissions go directly to a regular hospital bed; 190, or 17%, go to the Rehabilitation Center; and the remaining 429, or 40%, go to the modified hospital wards. Sixty percent of Laguna Honda admissions require a regular hospital bed. Of the 1077 admissions, 818 were admitted through San Francisco General Hospital and 259 were admitted through the Department of Public Health or directly by Laguna Honda Hospital.



# COMPARATIVE ANALYSIS OF ADMISSIONS

	<u>1962-63</u>	<u>1963-64</u>	<u>Increase or Decrease</u>
Regular Hospital Ward	574	458	( 116 )
Modified Hospital Ward	292	429	137
Rehabilitation Center	<u>192</u>	<u>190</u>	( 2 )
	1058	1077	19

## DISCHARGES

The total number of discharges, including deaths, was 1187. This is an increase of 235 discharges over the fiscal year 1962-63. However, the number of deaths has decreased for the second consecutive year. The number of deaths decreased by nine from 303 in the 1961-62 to 294 in 1962-63 and again to 268 in 1963-64 -- over an eleven percent decrease in two years. The most frequent reason for discharge was "At Own Request," meaning that the patient has gone home, to a hotel, or to a rest home. "At Own Request" has increased steadily for the last three fiscal years. In 1961-62, the number of discharges for this reason was 213; in 1962-63, it was 283, and in 1963-64, the number was 512. The following table gives the reasons for all discharges:

## DISCHARGE ANALYSIS

### By Reasons and Fiscal Years

	<u>1961-62</u>	<u>1962-63</u>	<u>1963-64</u>
Deaths	303	294	268
S.F.G.H.	330	343	373
At Own Request	213	283	512
For Cause	13	13	5
Truancy	<u>38</u>	<u>45</u>	<u>29</u>
	<u>897</u>	<u>978</u>	<u>1187</u>

## DISCHARGE AND DEATH ANALYSIS

### By Service 1963-64

<u>Service</u>	<u>By Discharge</u>	<u>By Death</u>	<u>Total Discharges</u>
Hospital	484	262	746
Modified Hospital	268	4	272
Rehabilitation Wards	<u>167</u>	<u>2</u>	<u>169</u>
	<u>919</u>	<u>268</u>	<u>1187</u>



## BUDGET

The annual budget is formalized only once a year, but Laguna Honda Hospital utilizes and lives by the budget daily. Preparation of the budget starts formally in September -- when the Administrator asks from the Laguna Honda Department Heads their budget requirements for the next fiscal year. Each "budget request" submitted is carefully scrutinized and analyzed by the staff before it becomes a part of the Laguna Honda Hospital budget. When the Laguna Honda Hospital budget is submitted to the Central Office of the Health Department, it has been thoroughly prepared and completed in order that supplemental budget requests may be reduced to a minimum.

Analyzing and comparing the 1962-63 and the 1963-64 budgets reveals an increase in the budget of \$90,369.00. This figure is misleading, as it does not include funds for Heat, Light, and Power, which will be approximately \$125,000.00 for 1963-64. The net increase in the budget will be an estimated figure of \$374,320.00.

The largest increase in the budget was Permanent Salaries (\$221,135.60); Food-stuffs had a modest increase of \$17,282.00; Material and Supplies showed an increase of \$5,100.00; Drugs, Chemicals, and Gases increased only \$3,600.00. Total budget costs increased a modest six percent. Increases in the budget were due to costs over which Laguna Honda has little or no control. These costs include Permanent Salaries; Contractual Services; Heat, Light, and Power; Water; and Telephone and Telegraph Services. Increase in budget requirements will be necessary in Drugs, Hospital Supplies, and X-Ray Films. This is due to Laguna Honda Hospital's transformation from an ambulatory residence to a hospital for the chronically ill and the physically handicapped.





## COMPARISON OF BUDGET

	1961-62	1962-63	1963-64	Difference
Permanent Salaries	4,057,071.00	4,412,874.00	4,590.128.00	177,254.00
Contractual Services	17,025.00	23,832.00	25,626.00	1,794.00
Heat, Light, & Power	120,000.00	118,910.00	--	( 118,910.00 )
Materials & Supplies	148,536.00	150,766.00	155,866.00	5,100.00
Meat Shop - LHH		155,487.00	161.487.00	6,000.00
Foodstuffs	577,895.00	546,718.00	558,000.00	11,282.00
Drugs, Chemicals, Gases	97,000.00	97,400.00	101,000.00	3,600.00
Hospital & Lab Supplies	26,500.00	31,873.00	36,000.00	4,127.00
Photo & X-Ray Supplies	5,500.00	5,500.00	5,500.00	--
Equipment	55,000.00	61,878.00	62,000.00	122.00
Sub-Total	5,104,527.00	5,605,238.00	5,695,607.00	90,369.00
Rehabilitation Wards		568,736.00	608,777.00	40,041.00
Grand Total	\$5,104,527.00	\$6,173,974.00	\$6,304,384.00	\$130,410.00

## REVENUE AND COLLECTIONS

Total revenue from all sources was \$4,478,121.07 for the fiscal year 1963-64. The largest source of revenue was from the M.A.A. Program, over \$3,000,000.00. Revenue from Blind Aid, Aid to the Needy Disabled, and Medi-care amounted to over \$380,000. The fiscal year 1963-64 showed a decline in patient care revenue, which was due to a normalization of M.A.A. payments. Revenues for 1962-63 included \$1,217,641.61 of prior year M.A.A. payments. 1963-64 collections were for ten months' billing, and two months' billings were carried as Accounts Receivable. The following schedule will show the comparison of Revenue and Accounts Receivable of Laguna Honda Hospital for the fiscal years 1961-62, 1962-63 and 1963-64.



Laguna Honda Hospital Revenues

Source	1961-62	1962-63	1963-64
Patient Care	\$ 2,028,780.90	\$ 5,430,304.60	\$ 4,437,634.72
Other	5,694.85	4,424.32	9,195.31
Bureau of Delin- quent Revenue	24,157.71	23,173.25	31,291.04
Total Revenue	\$ 2,058,633.46	\$ 5,457,902.17	\$ 4,478,121.07

ANALYSIS OF REVENUES

Source	1962-63	1963-64	Difference	% of Increase or Decrease
Patient Care	5,430,304.60	4,437,634.72	( 992,669.88)	(18)
Other	4,424.32	9,195.31	4,770.99	107
Bur. Delin- quent Revenue	23,173.25	31,291.04	8,117.79	35
Total	\$5,457,902.17	\$4,478,121.07	(\$979,781.10)	(18)



RECONCILIATION OF REVENUE 1963-64

Total Revenue Collected	\$ 4,478,121.07
Less Prior Year Billing received in 1963-64	<u>666,947.24</u>
	\$ 3,811,173.83

Accounts Receivable 1963-64 (Estimated)

<u>Account No.</u>	<u>Amount</u>
7611	\$ 1,187,795.22
7611A	<u>169,693.33</u>
Total Accounts Receivable (Estimated)	<u>1,357,488.55</u>
Actual and Estimated Revenues for 1963-64	\$ <u><u>5,168,662.38</u></u>

Controller's Estimate 1963-64

<u>Account No.</u>	<u>Amount</u>
7611	\$ 4,296,000.00
7611A	<u>600,000.00</u>
	\$ <u><u>4,896,000.00</u></u>
Revenues over Estimates	\$ <u><u>272,662.38</u></u>



## REHABILITATION CENTER

The Rehabilitation Center is the most recent and important addition to the Laguna Honda Hospital medical service. December, 1963 marked the first complete year of operation, and the results have been encouraging. Two Hundred and sixty-four patients were admitted to the Rehabilitation Program, and of these 222 were non-ambulatory patients. On the dates of their respective discharges, 172 of these non-ambulatory patients had attained limited or complete ambulation. These results have been gratifying as well as encouraging. To help analyze this successful Center, there follows a brief description of the Rehabilitation Center's activities and its services to the public.

Before a candidate's application to the Laguna Honda Rehabilitation Center is approved, he is interviewed by a physician and a social worker.

Evaluation of the patient's physical and mental attitude toward rehabilitation is important. From this initial interview, the physician compiles a medical summary in which he recommends or denies the patient's application. If the medical summary is approved, it is forwarded to the Department of Public Welfare for a Treatment Authorization for the next thirty days.

During the course of a Rehabilitation Program, the staff of the Rehabilitation Center is cognizant of the patient's total needs. Social and mental attitudes as well as his medical needs are taken into consideration. The patient's history is reviewed by the therapy team -- physician, psychologist, nurse, therapist, and social service worker. The patient is given intensive nursing care, physiotherapy, occupational therapy, psychological and social service conferences, and daily visits by physicians. After thirty days of treatment, a second medical conference is held to evaluate the progress of the patient, and to determine if further treatment is feasible or necessary. If the patient is responding favorably and more treatment is necessary, treatment is planned for the next thirty days. This process is continued, to a maximum of 180 days, until the patient is discharged.

Returning the patient to the community is the ultimate goal of Laguna Honda Rehabilitation Center. As the discharge date approaches, social service and psychological conferences help to prepare the patient for his part in community life. By now, he is adjusted to his handicap and is able to care for himself. Social Service helps to find living quarters for him and provides for periodic visits by a Public Health Nurse and a social worker. It is Laguna Honda Rehabilitation Center's ideal to make the handicapped person as self-assured, confident, and independent as possible.

Laguna Honda Rehabilitation Center's high standard of medical care is furnished at the low cost of \$19.81 per patient day. This is an all-inclusive rate, including the cost of intensive nursing care; physician ward visits; dental visits; x-rays; laboratory tests, including EKG; social service conferences; physiotherapy and occupational therapy visits; speech therapy; orthotic and prosthetics; psychological visits; all drugs; food services, including special diets. The actual cost to the City and County of San Francisco taxpayer is nominal, as the Rehabilitation costs are reimbursable by both Federal and State funds.





The Rehabilitation Program started with only a few patients, but within a few months of operation, maximum bed occupancy was reached. The average bed occupancy of the Rehabilitation wards was 83.4%. Medically, the program is a success and the annual cost shows low patient day costs. The Rehabilitation Center now finds itself with a demand for admittance to the program, a clear reflection of the need for more Rehabilitation beds.

The Laguna Honda Hospital Rehabilitation Center should be expanded to include two additional wards and establishment of an out-patient clinic. Provision should be made for rehabilitation surgery, extension of x-ray, and of clinical laboratory, and of pharmacy. Another need is a laboratory for the study, development, and manufacture of prostheses.

The "revolving door" treatment technique should be developed and established in conjunction with Laguna Honda Rehabilitation facilities. Based upon the patient's condition at the time of application, the patient needs can be evaluated and treated on an in-patient or out-patient basis, with home care if necessary, or referral to private and voluntary agencies. Transportation should be made available to and from Laguna Honda Rehabilitation Center for both ambulatory and non-ambulatory patients.

Laguna Honda Hospital should be the hub of community activity pertaining to rehabilitation treatment. Laguna Honda Rehabilitation Center is now a leader in this field of medicine, and has proven it can provide good medical care at a very low cost. The Rehabilitation program should be expanded to fill the gaps in meeting the need for more rehabilitation work.



#### ATTENDING STAFF ORGANIZATION

The expansion and development of the medical sciences depends upon research. Through research, new techniques and procedures are developed and improved; new drugs are discovered and old drugs refined. The countless advances we now take for granted have been accomplished by the endless task of research. Research by its very nature is endless and infinite; the art of discovering something new and its consequent development into a science involve considerable expense.

Research costs are borne by the Federal government, private individuals, or philanthropic foundations, who make grants for research projects to qualified applicants.

The administrative and medical staff of Laguna Honda Hospital is interested in research projects, especially in the field of geriatrics and for the treatment and care of the long-term, chronically ill persons. To facilitate the application for grants, the staff at Laguna Honda Hospital is exploring the organization and development of an "Attending Staff Organization."

The objective and purposes of such an association would be to improve patient care and to conduct research programs. The incorporation of the Laguna Honda Hospital Association then would permit the attending staff to accept grants and to conduct research with the funds provided, including the employment of personnel and the purchase of equipment and supplies. These operations would be separate and distinct from the financial activities of the City and County of San Francisco, and would be permitted the necessary freedom of action in research endeavors. All costs of a research project would be charged against the project grant.

The officers of the Laguna Honda Hospital Attending Staff Organization would probably be the Administrator, the Medical Director, and key members of the medical staff and administration. There should be equal representation between the Department of Public Health and the Attending Staff.

The principal beneficiaries of such a program would be Laguna Honda Hospital patients. Such a program would reflect credit upon the City and County of San Francisco and the Department of Public Health, and would attract the best available people for chronic illness in the medical, therapeutic and scientific field.



## HASSLER HEALTH HOME

The Hassler Health Home has gradually changed from a Tuberculosis to a Chronic Disease Hospital with a 237-bed capacity. This change started in December 1959 when a group of 40 non-tuberculous women patients was transferred here from San Francisco General Hospital for long-term care by a directive of the Director of Public Health. Because there is a continuous demand of beds for chronic disease patients and a definite decline in the census of tuberculous patients as a result of modern drug therapy, this hospital has been planning to meet the need of the City during the past four years.

In order to meet the requirements of the State Department of Public Health for licensing of this hospital as a Specialized Hospital in Internal Medicine and Rehabilitation for chronic disease patients, a fire safety clearance from the State Fire Marshal's office is required. After a careful survey done by the State Fire Marshal's office, an increased number of fire extinguishers, installation of a better fire alarm system, and an additional fire sprinkler system, and construction of additional ramps and stairways for different wards were recommended.

Through the effort of the Chief Administrative Officer, the Mayor and the Board of Supervisors approved the supplemental budget appropriations for the necessary work. Again through the effort of the Chief Administrative Officer, the Department of Public Works took up the program as an emergency project and completed the work satisfactorily by the end of July. Consequently, the State Department of Public Health has approved the change of classification of this hospital.

All infective, active tuberculous patients have been transferred to San Francisco General Hospital and chronic disease patients have started to be transferred here from both San Francisco General Hospital and Laguna Honda Hospital. Despite the fact that the relatives of some of the patients do not like to have them moved out of the City, there are still enough patients who either do not have relatives, or whose relatives do not object as long as the City takes care of them. Certainly, the Medical Staff and Social Service departments of San Francisco General Hospital and Laguna Honda Hospital have done an excellent job in selecting patients to make this transfer possible.

This hospital provides 24-hour medical and nursing service to the patients. It has facilities for general clinical laboratory work, x-rays, electrocardiography, expirograms, occupational therapy, limited physical therapy, and dental care. Every patient's chart is kept up to date. Besides the daily visits, including weekends and holidays, by the staff physicians, there is a system to review the patients' condition and evaluate the effectiveness of treatment by a complete interval history review and physical examination regularly, at least every six months. Consequently, no patient in a hospital as such may get lost. In case a patient develops a complication, such as fracture of the hip, or a new disease which requires care in an acute care hospital, San Francisco General Hospital is always ready to receive the patient. The City Ambulance Service always responds to the call promptly.

Since the chronic disease patients require much more nursing care than the tuberculosis patients, the Board of Supervisors has approved the budget appropriation for twenty-six additional nursing personnel. So far there has been no difficulty in recruiting these additional employees.



Although the current fiscal budget is larger than the previous one, the revenue to be collected from the State is expected to increase substantially because the majority of patients are over 65 years of age and are eligible for Medical Aid to the Aged. Those who are under 65 years of age are usually eligible for Aid to the Totally Disabled.

Because there has been a gradual change from one class of hospital to another, there has been nothing to upset the feelings, and discipline among the employees. Every employee is devoted to his work and receives the new patients with enthusiasm.

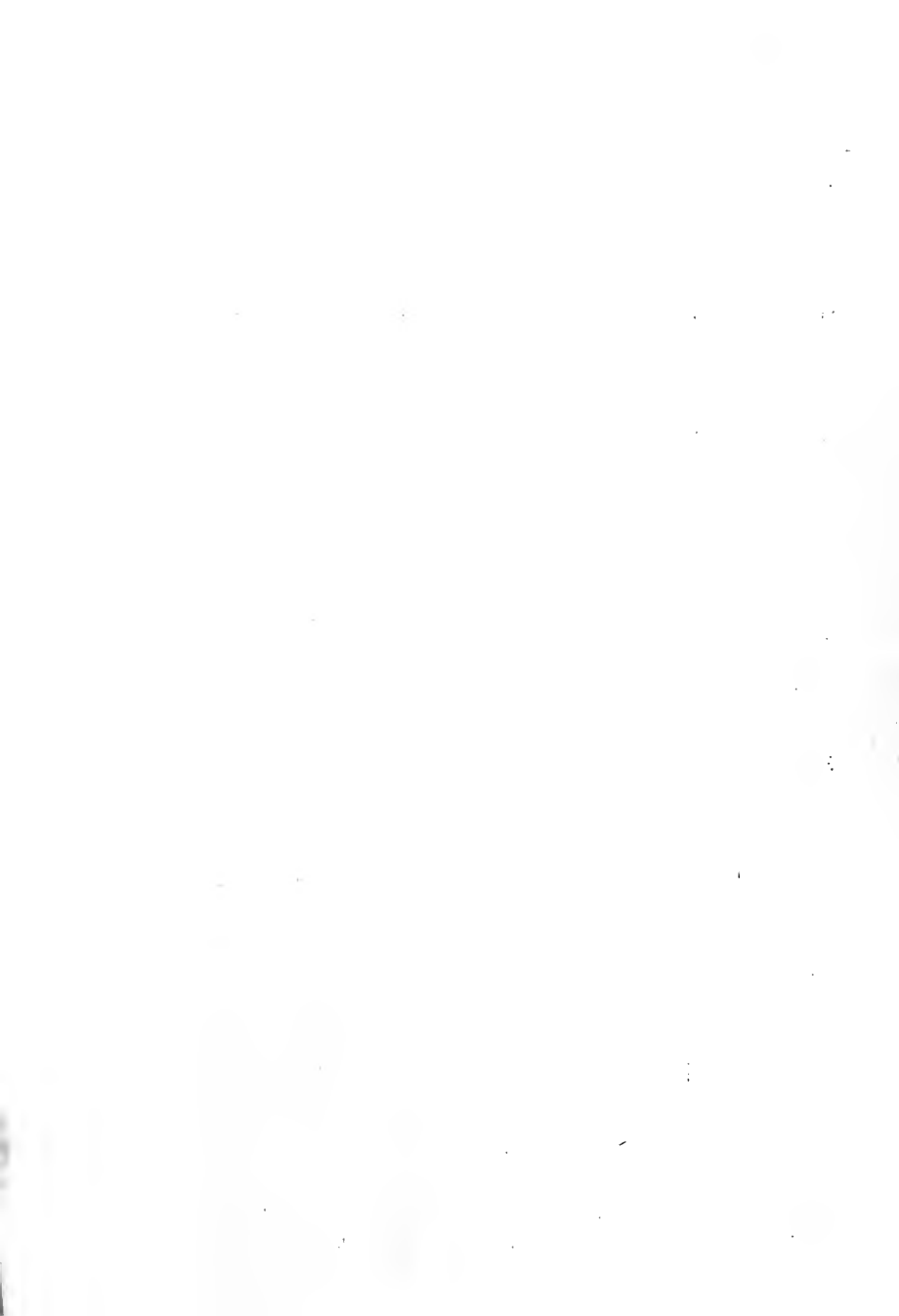
As time goes on, when all beds available may be occupied by patients, an intensive rehabilitation program should be instituted, and a planned discharge should be helped by a qualified Medical-Social worker, so that some patients may be discharged to their homes, or some place where they can live happily and safely without need of the medical and nursing care furnished by a hospital such as this. Regardless of the fact that there must be very few patients who can reach this goal, among this present group of patients, this still is our utmost objective.





ANNUAL FISCAL YEAR REPORT - 1963 - 1964  
HASSLER HEALTH HOME, REDMOND CITY

<u>FISCAL YEAR</u>	<u>1958-59</u>	<u>1959-60</u>	<u>1960-61</u>	<u>1961-62</u>	<u>1962-63</u>	<u>1963-64</u>
<u>PATIENT DAYS</u>						
	64,375	66,688	64,560	67,337	65,559	60,215
<u>AVERAGE BED OCCUPANCY</u>	176.79	182.20	176.87	184.4	180.0	164.0
<u>LABORATORY WORK LOAD</u> All types of tests and examinations of clinical value	19,161	17,279	17,977	17,169	14,645	15,118
<u>DENTAL ACTIVITIES WORK LOAD</u> Individual dentures, extractions, fillings and examinations	405	459	285	251	258	212
<u>X-RAY DEPARTMENT WORK LOAD</u> All types of tests and examinations of clinical value	2,789	2,408	1,042	1,069	972	979
<u>CULINARY SERVICE WORK LOAD</u> Meals, regular and special	367,120	379,643	372,229	345,894	316,681	292,429
<u>CLINICAL ACTIVITIES WORK LOAD</u> Individual treatments and examinations	5,237	5,306	5,625	5,431	4,424	3,992
<u>SINGLE MEN'S REHABILITATION CENTER WORK LOAD</u> Individual treatments and examinations	1,914	1,512	1,973	1,438	1,216	1,145



ANNUAL FISCAL YEAR REPORT - 1963-64  
HASSLER HEALTH HOME, REDWOOD CITY

<u>FISCAL YEAR</u>	<u>1958-59</u>	<u>1959-60</u>	<u>1960-61</u>	<u>1961-62</u>	<u>1962-63</u>	<u>1963-64</u>
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LABORATORY TESTS

Sputum Concentrates Tubercle	1,840	1,546	1,358	1,222	1,006	825
Urinalyses	5,208	5,007	13,026	13,326	11,598	11,804
Blood Examinations	514	589	1,345	1,241	772	1,346
Miscellaneous Examinations	2,824	2,359	2,157	1,381	1,269	1,143

X-RAY DEPARTMENT SERVICES

14" x 17"	1,215	1,071	1,042	1,031	940	1,116
11" x 14"	126	194	45	6	2	16
8" x 10"	106	84	52	32	25	24
Dental Films	8	5	25	0	0	0



ANNUAL FISCAL YEAR REPORT - 1963-64

HASSLER HEALTH HOME, REDWOOD CITY

FISCAL YEAR	1957-58	1958-59	1959-60	1960-61	1961-62	1962-63	1963-64
TOTAL ADMISSIONS	184	159	210	138	168	137	121
TOTAL DISCHARGES	174	166	190	137	173	146	145
IRREGULAR DISCHARGES, AWOL	39	30	35	25	37	27	12
DISCIPLINARY DISCHARGES	2	1	2	2	3	1	0
ROUTINE DISCHARGES							
(OPD, PWD, LHH OR LHH Infirmary)	48	47	44	37	45	23	50
TRANSFERS:							
(SFGH or Other Hospitals)	60	72	71	46	46	57	53
DEATHS	25	15	38	27	42	38	30
CENSUS	173	166	186	187	182	173	145



## EMERGENCY HOSPITAL SERVICE

### PURPOSE AND OBJECTIVES

The purpose of the Emergency Hospital Service is to provide emergency medical, surgical and ambulance care to the populace of San Francisco. This Service is, in effect, the liaison between the emergency and such time as the patient is put into more permanent care.

The concept of this Service is the same as that of the Police Department and Fire Department, i.e., a public service for protection of life and limb. It is supported by taxes, for the people, so that San Francisco is a better and safer city in which to reside.

### RELATIONSHIP

Probably no unit in the city has more inter-relationship with other departments than does the Emergency Hospital Service. Within the Health Department, the Birth and Death Registry, Labs, Communicable Disease, Crippled Children Services, and Public Health Nurses have frequent contact. San Francisco General Hospital and Laguna Honda Hospital have daily and constant relationship.

With other departments, the San Francisco Police Department is in daily contact. We answer all multiple fire alarms, some specific single or silent alarms, and occasionally send 3 to 5 ambulances to a single fire, necessitating the hiring of an extra crew. The Municipal Railway calls us for any case involving injury or illness on one of their vehicles and they do not move the car until the patient has been removed by us. The Sheriff's Department calls upon us for transportation of stretcher or wheelchair for cases unable to walk with assistance.

The records are a most valuable adjunct to attorneys, insurance companies, the Industrial Accident Commission and the Courts, since they provide an immediate and unbiased professional opinion by an M.D.

### PROGRAM

Care is rendered at five Emergency Hospitals on a 24-hour basis with a minimum of one doctor, one registered nurse, one medical steward, and one ambulance driver on duty 24 hours daily, 365 days per year. Care is also provided at Ocean Beach Hospital from 9:00 a.m. to 5:00 p.m. every Saturday and Sunday by a doctor and a steward (no ambulance); additionally, by a doctor only on holidays and each week day during summer school vacation. Harbor, Alemany, and Park Emergency Hospitals have the minimum staff; Central has an additional nurse from 3:00 p.m. to 11:00 p.m., two additional part-time doctors on Friday and Saturday evenings and an extra "trouble-shooter" ambulance from 4:00 p.m. to midnight. Mission has 24 hour ambulance service, but has all the medical and nursing staff needed and provided by San Francisco General Hospital.

Last year there were 116,482 admissions to all Emergency Hospital and 39,430 ambulance runs.

### FUTURE

Since no changes were made in last year's projections, the future needs are still the same:





Harbor Emergency Hospital is scheduled (in the indeterminate future) to be relocated from the present location at 38 Sacramento to probably the north-west corner of Clay and Drumm Streets. New building and equipment will be needed, but existing personnel will be moved to the new structure without a increase or reduction. With the advent of new apartment dwellers in the neighboring area, the number of admissions promises to increase.

Still involved is the 75,000 to 100,000 population increase in the Sunset-Parkside area since the last addition (Alemany 1933) was made to the Emergency Hospital Service. Since 1933 there has been one ambulance and crew of medical steward and ambulance driver added to this service. A new hospital would require everything new that exists in any of our present emergency hospitals, plus one new ambulance, and would require a staff of 4-1/5 stewards, 4-1/5 drivers, 4-1/5 nurses, and four doctors, since none could be spared from any other hospital.

There is also need for a utility man (who might use an old ambulance, suitably converted, if funds for a suitable truck are not provided), to transport laundry, drugs, supplies, papers, etc. to and from the various emergency hospitals. This would restore additional ambulance service to the city, since the ambulances would not have to go out of service to perform these non-medical duties. This position would need one driver only (no medical steward).

Park Emergency Hospital will have to be rebuilt some day, but since plans for San Francisco's future have not been solidified, this must wait.

#### WORK LOAD

The work load is best illustrated by the following table:

<u>Disposition of Patient</u>	<u>Total</u>	<u>Mission</u>	<u>Central</u>	<u>Alemany</u>	<u>Park</u>	<u>Harbor</u>	<u>Ocean Beach</u>
Total	116,482	61,434	17,533	15,364	13,661	8,042	448
Home	91,561	44,290	14,625	13,720	11,966	6,513	447
S.F.G.H.	18,496	15,550	1,568	372	475	531	-
Other Hosps.	5,796	1,410	1,236	1,228	1,066	855	1
Deceased	592	184	92	37	144	135	-
Ambulance Runs 1963	39,430	6,178	17,664	4,352	5,271	5,965	

#### EQUIPMENT

In 1961, two new styled ambulances were tried. They were lighter in weight, had more power and were easier to maneuver. They had a distinct drawback of lack of head room for patients. In 1962 the same type ambulance but with 8 inches more head room was tried. At first they all seemed satisfactory and an improvement. However, they have very small braking area and have been out of service in the shops a great deal more than new equipment should necessitate.



The consensus of the drivers and of Mr. Flaherty and his maintenance staff is that the new, small ambulances do not adequately perform for our needs. Consequently, another type of ambulance is contemplated. Two 'White' bodies are to be purchased and the Purchasing Department Shops will dismantle two of our old ambulances, renovate and improve beds and/or such other salvagable equipment as may be utilized. The bodies are walk-in type, and although 'boxy' in appearance, the practicality and operating room will offset what they will lack in the esthetic qualities.

#### STUDY

The year-long Emergency Medical Service Study Project, done by a Task Force from the Division of Accident Prevention of the United States Public Health Service, under Dr. Walter C. Clowers, M.D. has been completed. It is anticipated that the tabulations and final report may take another year to complete. When finished, nation-wide distribution is expected.

The Master Plan of Health Care for San Francisco was completed by the San Francisco Hospital Conference in June 1964 after some six to eight months' study. The Emergency Hospital Service was given a most thorough evaluation, with the final opinion that this Service be enhanced and improved.

#### POLICIES

Our accident rate is remarkably low for the average of 175,000 miles travelled annually. Even so, further precautions were ordered last year, i.e., reduce speed, observe traffic signals when ambulance is empty, and slow down perceptibly at intersections even when on emergencies with siren and red lights on.

No appreciable problems have been encountered, from public or drivers, because of the few seconds more per call involved.



## COMMUNITY MENTAL HEALTH SERVICES

The San Francisco Mental Health Services program is one of the most extensive provided by any local government in the State of California. The program includes not only direct treatment services for adults and children, but also psychiatric consultation services to approximately thirty non-psychiatric agencies in San Francisco, including certain elements of the Department of Public Health. Emergency services are available on a twenty-four hour basis to anyone. Information and brief counselling are also available to all persons seeking such help. The overall emphasis is placed on short-term therapy although some cases are carried in one agency or another for many months.

This section of the Health Department activities has been under the direction of the Program Chief, Dr. Robert A. Kimmich since shortly after our approval for State subsidy in 1959. Dr. Kimmich resigned as Program Chief of these services early in July, 1964 to accept the position as Director of Mental Health for the State of Michigan. The progress made in the development of the programs within the department and in our contractual relationship with private agencies within the City, and in providing consultation services and the high level of overall community relationships, are basically an outgrowth of Dr. Kimmich's outstanding competency and personal attributes. A successor to Dr. Kimmich is being sought and it is our intention that the title of this position will be changed from Program Chief to Assistant Director of Public Health-Mental Health Services. This will place this element of our program on an equal status with the other two major branches of the Department: General Preventive Services and Hospital and Institutional Services.

Our basic program in the field of mental health involves direct services provided by the Department to San Francisco General Hospital, in which we provide inpatient care for adults and provide immediate aid consultation and referral to patients in a crisis situation, and where we also provide adult psychiatric outpatient services. These services are discussed later. The second major branch of service emanates from the Child Psychiatric Clinic located at 1500 Grove Street. The third element of our service is to alcoholics, provided through the Adult Guidance Center with its central location at 2107 Van Ness Avenue, a branch clinic at Children's Hospital, and one at the San Bruno Jail.

In addition, the Department contracts with five outpatient facilities operated by private agencies; four of which are hospitals and one of which is the Psychiatric Day Center of San Francisco. In addition, the Department contracts with St. Mary's Hospital for inpatient psychiatric care for children. Effective July 1 the Department entered into a contractual relationship with Mt. Zion Hospital for the purpose of augmenting the outpatient psychiatric services provided through that institution. The reports which follow delineate the primary elements of our services in this regard.



Of immediate concern to the Department and to the Mental Health Advisory Board is the development of a major psychiatric center on the grounds of San Francisco General Hospital, which will embrace the facilities which were recommended by the Task Force on Psychiatric Care of the Study Committee supporting the one-year study of San Francisco's health care services conducted by the San Francisco Hospital Conference, pursuant to a contract between that organization and the Chief Administrative Officer of the City and County of San Francisco. Their recommendation includes the construction of a new facility that would provide for 250 beds for inpatient care, of which about one-third would be for admissions and two-thirds for short-term treatment not to exceed ninety days. Incorporated into this facility also would be the necessary space for adequate outpatient services, day care services, and other related services necessary to return patients with emotional disturbances back to productive living.

Also under consideration and negotiation with the State Department of Mental Hygiene is a project that would provide for the construction on the hospital campus by the State of California of a multi-purpose center for the mentally retarded. The estimated cost of this structure would be \$750,000. The annual operating budget for this facility would be in excess of one-half million dollars a year, of which three-fourths would be subject to reimbursement by the State of California.

These are matters of current attention and provision will be made during the fiscal year 1964-65.

#### PSYCHIATRIC SERVICES AT SAN FRANCISCO GENERAL HOSPITAL

##### Purpose and Scope of the Program

The Psychiatric Services located at the San Francisco General Hospital supply emergency care, both in-patient and out-patient, for the entire city population. Longer-term care, both again in in-patient and out-patient is also given to residents of the City and County who are unable to afford private care.

##### Divisions of the Psychiatric Service

###### (a) Admitting Unit

All patients who feel in need of emergency psychiatric consultation or patients where the relatives, police, judges, or friends feel the person should have a psychiatric evaluation are brought to the Psychiatric Admitting Unit for admission by a psychiatrist. Also, in cases where patients will not come in voluntarily for admission relatives are interviewed by a psychiatrist and the need for a petition evaluated. Psychiatric consultations are also seen in the Main Hospital before transfer, if necessary, and cases are evaluated and admitted from private hospitals, if necessary. Approximately 700 patients per month are seen in the Admitting Office; approximately 150 relatives are seen concerning petitions per month; and approximately 100 patients are seen as consultations in the Main Hospital. There is a psychiatrist on call 24 hours per day. The cases are evaluated and admitted, if necessary, or other disposition is made as seems advisable. Any case is eligible for this service on an emergency basis where there seems to be no other facility available. No cases are rejected for any type of eligibility reason. This emergency type care, available on a 24-hour basis, as well as our unique legal right to admit patients for evaluation against their will, fills a very essential need not offered at any other hospitals or clinics in the area.





(b) Observation Wards

All cases needing hospitalization are admitted for evaluation, treatment, and disposition. The caseload is about 600 admissions per month totaling about 1800 patient days per month. Our facility consists of three 22 bed wards. The third ward has just recently been opened and is a great improvement but we continue to be over-crowded and lack facilities for proper care. With the personnel increases of the last budget we have been able to expand our group therapy program and our social work services. We are also attempting to do more short-term treatment.

(c) Treatment Wards

These consist of a 19 bed male ward and a 24 bed female ward. These cases are voluntary patients who are residents of the City and County of San Francisco and have limited funds. They can be kept for 90 days of treatment. Our caseload over the past year was over 200, and we average about 1,000 patient days per month. During the last year, only four of these patients had to go to a State Hospital. The remainder were able to return to the community. This is a very necessary service for residents of the City and County who, by obtaining treatment here, do not have to leave the area for commitment to a State Hospital.

(d) Immediate Psychiatric Aid & Referral Center

The Immediate Psychiatric Aid and Referral Center provides walk-in care to anyone from 8:30 A.M. to 5:00 P.M. at 2450 - 22nd Street (SFGH). All individuals who come, with or without an appointment, to the Admission Service or to the Center itself are seen at that time by a psychiatric social worker or mental health nurse and usually a psychiatrist. The individual's problem is evaluated and the available resources considered for the best referral. Half the cases are referred to private psychiatrists (5%), clinics (20%), social agencies (10%) day or night hospitals (5%) or in-patient admission on a psychiatric ward (10%). Of the other half, some (17%) drop out after a visit or two, while the remainder (33%) are treated with brief psychotherapy, involving up to six problem-oriented interviews. Well over 3,000 patients have been seen since the Center's inception in September 1961, and about 100 to 150 patients are helped each month.

Problems in Our Present Program

All areas of the program have gradually improved over the years with increased budgetary funds for personnel and equipment. Also, the working relationships between this institution, the other branches of the city psychiatric services, and the other departments in the city involved with services to the psychiatric patient, have improved greatly with a resultant improvement in services to the patient. However, two major problems still exist:

(a) Inadequate Physical Facilities

The wards are over-crowded, we have no day-room space, which limits any patient activities, and the wiring is in great need of repair, so that lighting is inadequate, making the wards and offices appear dark and uninviting. There should be some remodeling done to improve the use of space, furnish more beds, furnish a day-room for each ward, as well as change the plumbing and wiring. This can be done quite adequately and without a major expenditure. However, our needs cannot be adequately met until we have a modern, new facility of approximately 250 beds for in-patient care and adequate space for our admitting and out-patient services.



(b) Obtaining Professional Personnel

This presents a minor problem in comparison to our space problem, but because of Civil Service Regulations and inadequate salaries, we sometimes have vacancies in the much needed professional positions. The major problem is in obtaining psychiatrists.

Necessary Areas of Expansion for Community Mental Health Services

(a) Psychiatric Care for Chronic Patients

There are essentially no community facilities for the long-term out-patient care of the chronic mentally ill, many of whom require only occasional visits but do require that psychiatric drugs be furnished to them. Many of these patients are discharges from the State Hospital; many others have not had to be in a State Hospital but still fit into this category. Our out-patient department should be expanded to furnish this service by the provision of another psychiatric position, another social worker position as well as by increased funds for the purchase of drugs.

(b) Expansion of the Immediate Psychiatric Aid & Referral Center

This unit is doing an excellent and effective job in supplying emergency care of all types of cases. We believe that an additional psychiatric position and social worker position would be essential to meet the community needs. This increased personnel should also be utilized for expanded emergency care and follow-up of suicide attempts.

(c) Alcoholic Rehabilitation Program at San Bruno County Jail

It is essential that with the enormous alcoholic problem in San Francisco, a long-term minimum custody-type of rehabilitation program be established so that the San Francisco General Hospital, which gives emergency care only, and the State Hospitals, which are set up to treat the earlier and more potentially salvagable cases, do not have their programs hampered by the type of patient who is more suitable for San Bruno. A program at San Bruno could be established in a very effective way if additional professional personnel positions were assigned to San Bruno and a plan worked out with the Sheriff for such a program.

(d) Vocational Rehabilitation

A major problem to both psychiatric and alcoholic patients, as well as a major factor in their relapse, is the inability to find suitable employment. Vocational Rehabilitation counsellors should be supplied to the various psychiatric units in the city to work with the psychiatric staff around this problem.

(e) Living Facilities for Both Psychiatric and Alcoholic Patients Who No Longer Need to be in the Hospital but Need a Protected Living Environment During their Rehabilitation Period

A major problem has been the lack of some type of accepting and protective living environment, preferably without cost to the patient for the initial few weeks. Many patients who could otherwise function outside of the hospital have a relapse under the pressures of unsuitable living conditions. Either boarding houses, preferably with a social worker to give some supervision, or licensed family-care homes as used by the State, could meet this need.



## ADULT PSYCHIATRIC CLINIC

### Objectives

The primary objective of the Adult Psychiatric Clinic is to provide appropriate outpatient psychiatric treatment to adults in the community who are unable to pay for such care privately. Accordingly, preventative, consultative and educative programs designed to raise the general level of mental health in the community are considered equally important as the direct treatment services.

### Present Program Characteristics

Direct Services: The treatment activities of the clinic are essentially unchanged over those of the past two years since no new personnel have been approved for program expansion. The short-term treatment program evaluated and treated 175 cases, an increase of 63 cases, due to partially vacant positions. The long-term treatment program treated 373 cases. During this fiscal year there was a total number of 548 patients seen, receiving a total of 3,235 visits, an increase of 414 visits. Of this total 4,670 were individual visits and 3,569 were group visits (13 groups). New admissions numbered 270, readmissions 65, with a total of 335 admissions and 298 discharges during the fiscal year.

#### A. Consultation

Indirect Services: The Clinic Director for the third year provided ten hours' monthly of consultation to social welfare workers in the Department of Public Welfare dealing with Aid to the Totally Disabled, Old Age Security, Aid to the Blind and Medical Aid to the Aged. Each group of welfare workers received one hour's consultation every four weeks. The main purpose of the consultation was to enable the workers to recognize and deal more effectively with emotional problems of their clients that might be impeding their rehabilitation.

#### B. Supervision

Several of the clinic psychiatrists provided case supervision for residents on the Inpatient Service as part of the psychiatric training program of the Institutional Services.

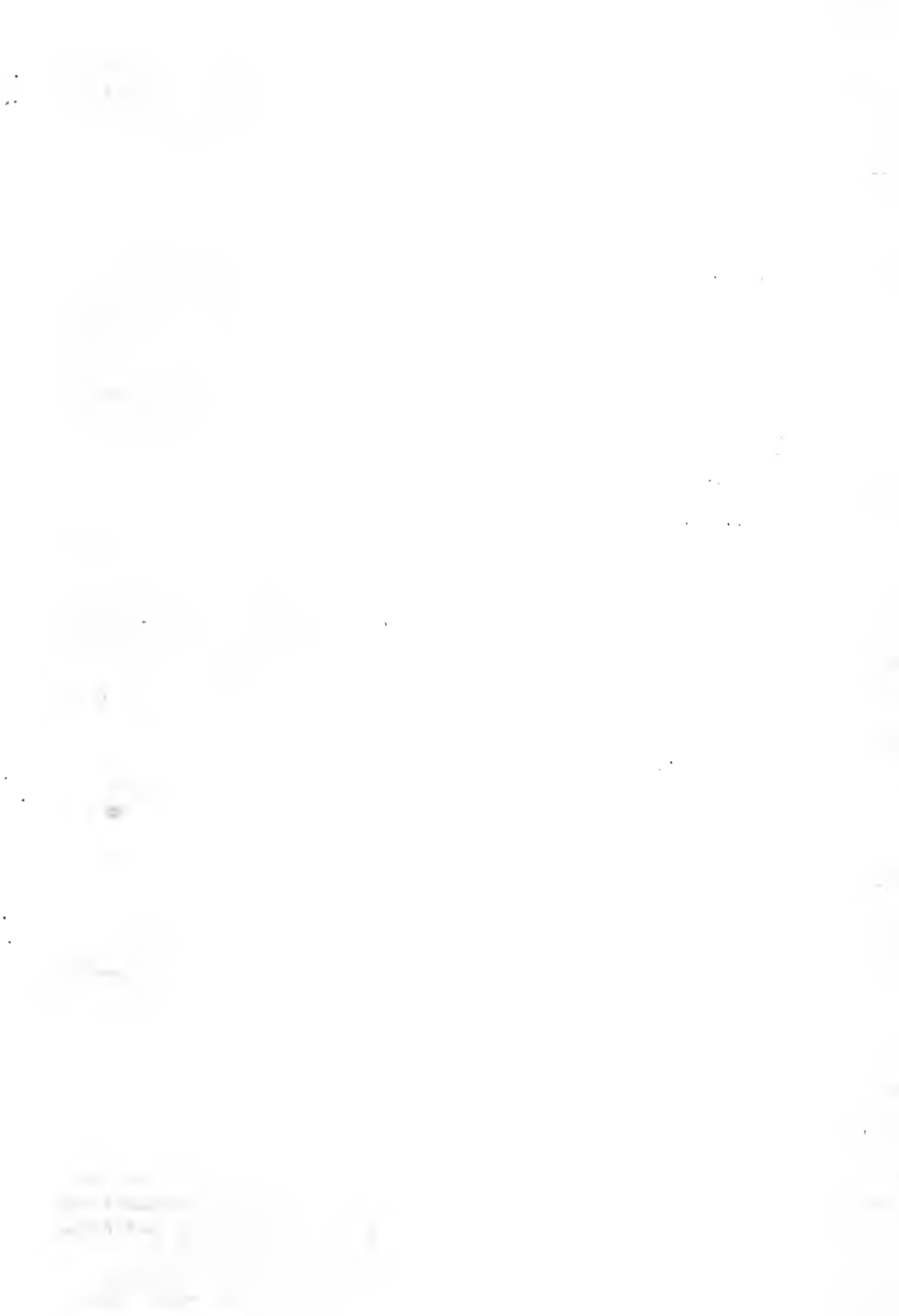
#### C. Community Organization and Education

The Director of the Clinic served on the Professional Advisory Committee of the Mental Health Association, the Planning Committee of the Association of Bay Area Psychiatric Clinics, and the Government Financed Medical Care Committee of the San Francisco Medical Association. One of the clinic social workers, on her own time, served as editor of the Newsletter of the San Francisco Chapter of the National Association of Social Workers.

### Problems

#### A. Unfilled Psychiatric Positions

Several psychiatric positions on the clinic staff were vacant for much of the fiscal year due to the low salaries. A request for Civil Service reclassification of these positions to psychiatric jobs and their comparison with positions in the State of California was drawn up by the Director and submitted to Dr. Sox in the hope that salaries can be raised competitively. In addition, experienced social workers are difficult to find for our positions since they must begin at the lowest salary level - often a cut of over \$100/month.



## B. Residence Requirement

The residence restriction on admissions to the clinic also limits our service. There is a sizable number of persons in the area who are ineligible because of the inability to fulfill this requirement and the contract clinics also tend to take only those who meet these requirements.

## C. Clerical Help

In order to provide continuity of patient care and to prevent legal complications resulting from inadequate communication or oversight, records meeting the standards of the hospital accreditation committee as well as those of the American Psychiatric Association must be kept. At present the secretarial staff consists of one stenographer who cannot keep up with the work load.

## Unmet Needs in Our Present Services

### A. Help for the Suicidal Patient

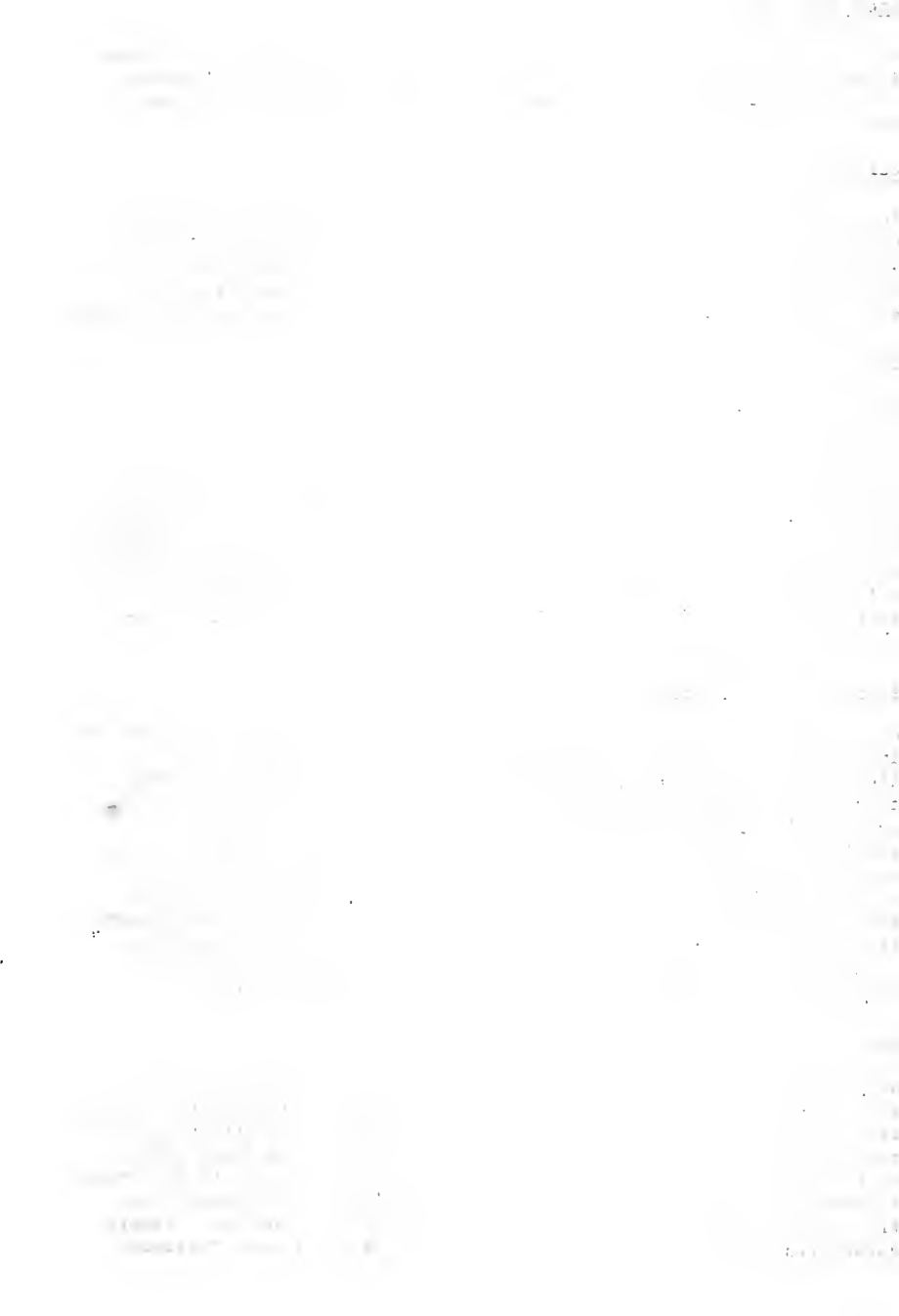
An overall program designed to reduce the rate of suicide attempts in San Francisco should be established, with the Immediate Psychiatric Aid and Referral Center handling the emergent situation prior to the attempt and the clinic supplying immediate outpatient treatment during the crisis period before or after the attempt. To date the majority of patients admitted to the Admission Wards for a suicidal attempt must be discharged without outpatient follow-up at a most critical time. The clinic with a new position of Psychiatric Social Worker approved for the coming fiscal year will make an effort to see a few of these discharges.

### B. Vocational Rehabilitation

One of the very important parts of the rehabilitation of the psychiatric patient is returning him to work. Since there is now a chronic shortage of jobs for the unskilled - a shortage that will continue to get worse - and since many of our patients are unskilled, the clinic badly needs a program for vocational counselling and rehabilitation. Although we have a graduate student in this field during the school term, the limited time that she is here makes it difficult to accomplish anything other than a referral. A full-time vocational counsellor could establish relationships with various placement and retraining agencies, learn about employers willing to hire the emotionally handicapped and actually provide a referral service to employers. There is no question about the fact that work difficulties often are involved in not being able to discharge patients from the hospital and in their premature return.

### C. Research

Time is badly needed to set up simple research programs designed to assess and evaluate the clinic's treatment programs in an effort to improve efficiency and service. We are particularly interested in assessing the short-term treatment program for results following termination of treatment, in developing methods of selecting people for group psychotherapy, and in trying to determine which individuals who make suicidal attempts are likely to be successful on a second try. Later in the present fiscal year, we hope to send out a simple followup questionnaire to patients who have been in the short-term treatment program.





## Needs of the Community Untouched at Present

### A. Treatment of Patients Discharged from State Hospitals

At present no followup services are provided in the community for persons discharged from State hospitals. A transition program of two months' duration for these ex-patients would be of help in their reintegration into the community, as it is for those patients discharged from our treatment wards. The institution of such a program would be a help in reducing the readmission of patients to State hospitals and also would provide a service to these patients if they should again enter a crisis. Naturally, the program could not handle all the treatment needs of these patients but appropriate referral could be made at the end of the transition period to other clinics.

### B. Drug Treatment for Chronic Patients

A sizable group of indigent patients in the community need monthly appointments and long term drug care. No agency in the community provides this as a service except for their own patients. It is not a responsibility of the Community Mental Health Services to do this entire job which in many ways is very expensive and unrewarding. However, it should be possible to build this plan into the contract clinics also, so that the load is shared.

### C. District Teams

Required for each District Health Center for earlier case finding, prevention of mental disturbances and treatment in the home since this latter avenue is often the only one members of the lower socio-economic groups can accept. These teams should have very close working relationships with this clinic as well as all other mental health resources in the community.

## Conclusion

The needs of the adult in San Francisco for outpatient care and rehabilitation are at present only being minimally met by this clinic as well as by other clinics in the area. The preceding programs along with staff increases to implement them are badly needed to provide something other than the basic essentials of rapid, modern, effective psychiatric treatment for the acutely disturbed and post-hospitalized patient.

## CHILD PSYCHIATRIC CLINIC

This clinic is located at 1500 Grove Street, and is an "open door" clinic for helping San Francisco children up to 18 years of age. The clinic also helps parents and families. About one-fourth are self-referred, and the rest come from other agencies, especially from Public Health nurses and teachers.

The clinic staff is active in community psychiatry as consultants and committee workers and in work with the mentally retarded. The clinic processes all admissions to Sonoma State Hospital of mentally retarded from this county.

Cases seen here are of three main types: neurotic problems, behavioral disturbances, and habit disorders. A variety of therapeutic techniques is used: individual psychotherapy, family therapy, group therapy, and counselling.

Our program for the coming year involves setting up branch clinics closer to cultural and linguistic minorities who have difficulty in coming to the present facilities. We are fortunate in having the cooperation of agencies in those areas, who have offered us housing and other facilities.

A further change (open intake) has still further increased our services. Fiscal year 1962-63 average of 275 visits per month; high point in 1962-63 was 577; this year in May we reached 805 interviews in one month. We saw 1,623 persons in all.



## ADULT GUIDANCE CENTER

The Adult Guidance Center moved from its main location at 150 Otis Street to 2107 Van Ness Avenue in April, 1964. The Center continues to operate a branch at Children's Hospital and at the San Bruno Jail. The branch clinic at Children's Hospital was expanded from a half-time to a full-time clinic in September, 1963.

The clinical services for alcoholics involve case evaluation of each patient applying for services, and the personnel provides a broad spectrum of psychiatrically oriented therapy and psychopharmacological therapy. Most patients receive a combination of both elements. The Center, as a part of the Community Mental Health Services program, works closely with other elements and during the past year assigned some personnel on a limited basis to work with the Admitting Services in the San Francisco General Hospital. At the present time the clinic staff is reviewing all of our procedures, including the present emphasis on the psychiatric oriented approach to the management of alcoholism.

In 1959, as a result of the availability of State subsidy through the State Department of Mental Hygiene, our alcoholic rehabilitation programs were incorporated as a part of the Community Mental Health Services. It was necessary, in order to be eligible for the receipt of funds from the State Department of Mental Hygiene, to embrace the psychiatric orientation of our approach. At the same time the State Department of Public Health had funds made available to it to establish demonstration programs in the field of the treatment and rehabilitation of alcoholics. The State Department of Public Health supported all and subsequently a portion of the program at the San Bruno Jail. Effective July 1, 1964 this program is totally under the Community Mental Health Service program and therefore subject to reimbursement by the State Department of Mental Hygiene.

During the past three years the State Department of Public Health supported demonstration programs at Presbyterian Medical Center where a medically oriented outpatient program was set up, and at the Children's Hospital where an inpatient program was provided for short-term care. The State support of this program terminated on June 30, 1964. The Presbyterian Medical Center has secured funds temporarily to operate this program until September 30, 1964, and the Department is currently negotiating with the State Department of Public Health to see if there is any way in which we can receive some State support to assist the Presbyterian Medical Center in its outpatient services, and the inpatient program at Children's Hospital, to continue through the fiscal year 1964-1965.

In our evaluation of our own services, we will attempt to develop, either within our own structure or by contractual relationships with other agencies, a sound program for the treatment and rehabilitation of alcoholics that will involve both psychiatric and medical approaches. We are studying the possibility that a limited number of beds at San Francisco General Hospital might be made available for inpatient care of alcoholics whose



problems are immediate medical, but who might subsequently require psychiatric therapy. The development of such a program, we believe, would decrease the number of patients who are being currently committed to State mental hospitals as a result of their alcoholism. The Department will further collaborate with a number of community agencies interested in this problem in order that we may try a number of new approaches to reduce the complications of drinking as they occur in our culture in San Francisco. This involves reviewing the sociologic, cultural, and economic aspects of drinking, as well as those aspects which are straightforward effects on the physical and emotional health of those who drink, and upon those who are indirectly affected by the end results of excessive use of alcohol.

The Adult Guidance Center, in its three branches, interviewed 2,305 patients; treated 1,885 patients in 19,037 patient visits. Approximately 95% of these patient visits were on an individual basis, there being only 889 patients treated on a group basis.



SAN FRANCISCO COMMUNITY MENTAL HEALTH SERVICES  
STATISTICAL REPORT OF SERVICES PROVIDED DURING FISCAL YEAR JULY 1, 1963-JUNE 30, 1964

PSYCHIATRIC OUTPATIENT SERVICES

A. DIRECTLY OPERATED FACILITIES

1. Number of Patients Served

Beginning caseload	219	Child Psychiatric Clinic	433	Psychiatric Aid & Ref- erral Ctr.	43	Adult Guidance Center	584	AGC - CH Branch Clinic	40	AGC Jail Clinic*	7	Total Outpatient Services	1,326
No. of patients admitted	318		867	1,412	1,455	1,004	1,588	176	216	626	633	4,403	5,729
Total patients served	537		1,300										

2. Number of Interviews Conducted

Individual interviews	4,650	5,910	3,446	12,733	2,210	1,845	30,794
Group interviews	3,565	1,795	61	729	2	518	6,670
Total interviews	8,215	7,705	3,507	13,462	2,212	2,363	37,464

\*Began statistical reporting August 1, 1963; figures, therefore, are for 11 months.





B. CONTRACT FACILITIES SUBSIDIZED BY SFCMHS				McAuley	St. Francis	Presbyterian	Total
1. Number of Patients Served				N-P Institute	Psychiatric	Med. Center	Outpatient
Beginning caseload				Clinic	Clinic	Psychiatric	Services
No. of patients admitted	277			509	79	219	1,084
Total patients served	325			1,300	112	186	1,923
Short-Doyle patients only	602			1,809	191	405	3,007
S-D % of total patients	450			707	116	219	1,492
	74.7%			39.0%	60.7%	54.0%	49.6%
2. Number of Interviews Conducted							
Individual interviews	6,651			8,388	1,953	4,870	21,862
Group interviews	3,762			9,454	373	1,439	15,028
Total interviews	10,413			17,842	2,326	6,309	36,890
Short-Doyle interviews only	8,825			7,969	1,955	3,347	22,096
S-D % of total interviews	84.7%			44.7%	84.0%	53.0%	59.8%
C. ALL FACILITIES (DIRECT AND CONTRACTUAL*)							
1. Total patients served							8,736
2. Total interviews conducted							59,560

\*Only that portion of the private facility's caseload which is subsidized by SFCMHS is reported here, i.e., the Short-Doyle cases only.



PSYCHIATRIC INPATIENT SERVICES

<u>San Francisco General Hospital</u>				<u>McAuley N-F Children's Ward</u>				<u>Total Inpatient Services**</u>
<u>Observation Wards</u>	<u>Treatment Wards</u>	<u>Total</u>		<u>Total Patients</u>	<u>S-D Patients</u>	<u>S-D % of Total Patients</u>		
1. Number of Patients Served								
Beginning caseload	62	99		5				
No. of patients admitted	6,630	6,630*		67				6,758
Total patients served	6,692	6,927		72	29	40.2%		
2. Number of Days Hospitalization Provided		41,790		1,712	558	32.6%		42,348

PSYCHIATRIC DAY CARE SERVICES

Psychiatric Day Care Center

1. Number of Patients Served
  - Beginning caseload
  - No. of patients admitted
  - Total patients served
  - Short-Doyle patients only
  - S-D % of total patients

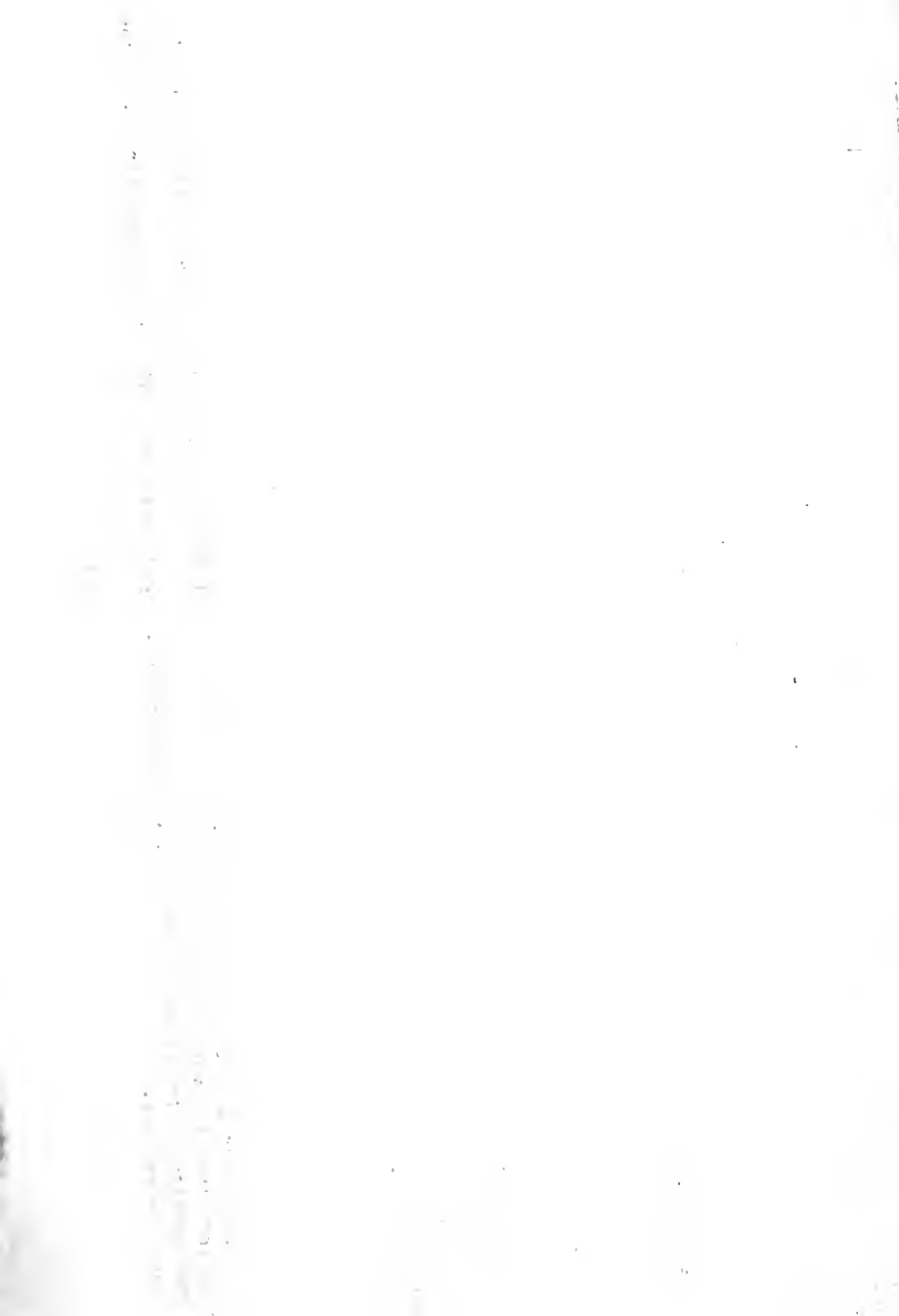
2. Number of Days Care Provided
  - Full days
  - Half days
  - Total days
  - Short-Doyle days only
  - S-D % of total days

23  
29  
52  
39  
75.0%

2,925  
1,659  
3,754  
2,863  
76.2%

\*This is the same as the Observation Ward figure since every case admitted into the Treatment Wards was first admitted into the Observation Wards.

\*\*Only that portion of the private facility's caseload which is subsidized by SFCMHS is reported here, i.e., the Short-Doyle cases only.



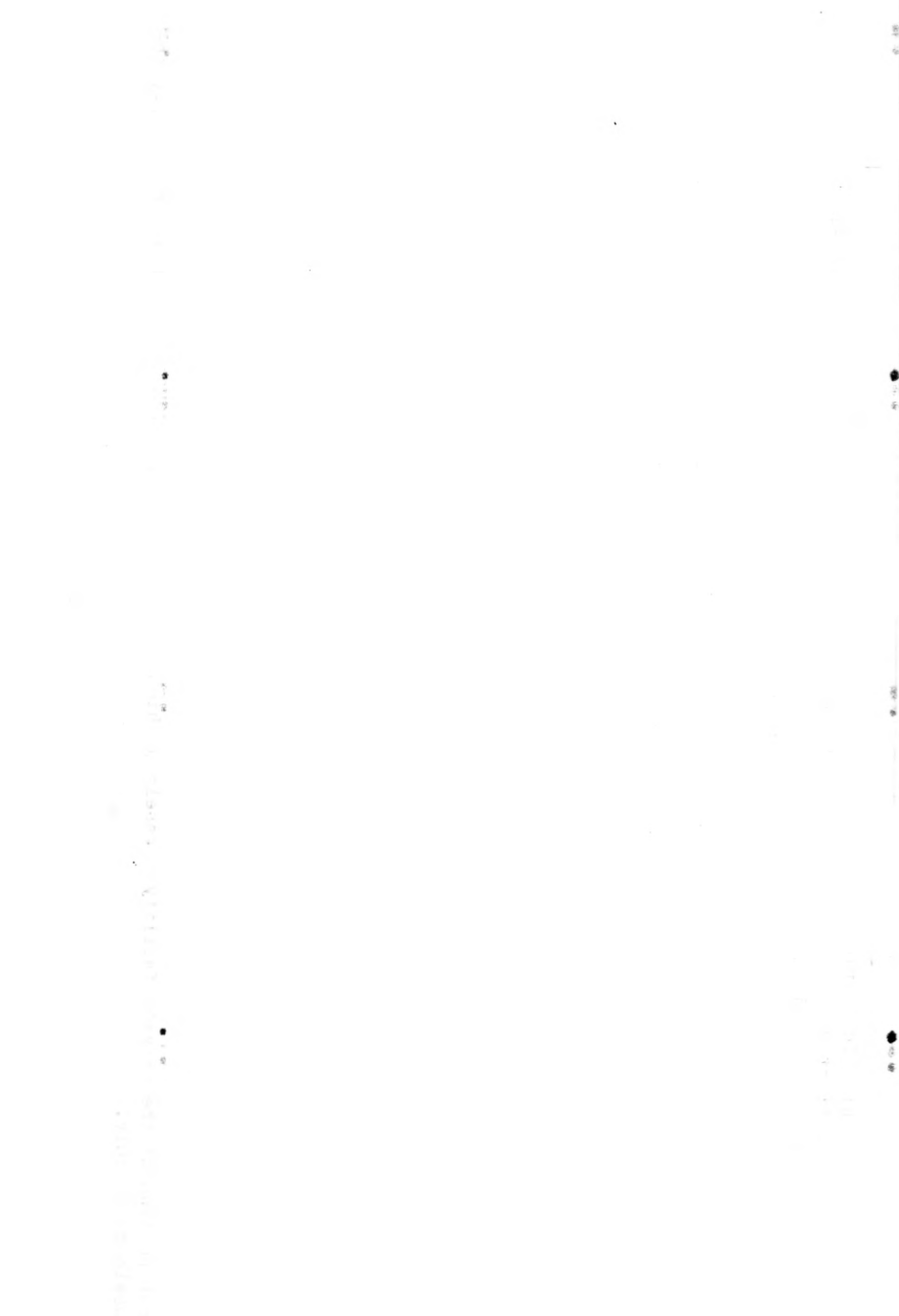
TOTAL PSYCHIATRIC SERVICES, DIRECT AND CONTRACTUAL\*

	<u>No. of Patients Served</u>	<u>No. of Interviews Conducted</u>	<u>No. of Days Hospitaliz. Provided</u>	<u>No. of Days Care Provided</u>
Psychiatric Clinics	8,736	59,560		
Inpatient Services	6,758		42,348	
Day Care Services	39			2,863
Total	15,533			

MENTAL HEALTH CONSULTATION TO AGENCIES IN THE COMMUNITY

Number of hours of consultation provided	1580
Number of community agencies served	<u>18</u>

Only that portion of the private facility's caseload which is subsidized by SFCMHS is reported here, i.e., the "Short-Doyle cases only."



DEPARTMENT OF PUBLIC HEALTH - CENTRAL OFFICE BUREAUS

OTHER THAN PERSONAL SERVICE ACCOUNTS

<u>Account Number</u>	<u>1963-64 Budget Allowance</u>	<u>Adjust- ments</u>	<u>1963-64 Adjusted Allowance</u>	<u>Expended and Encumbered</u>	<u>Balance</u>
<u>Accounting</u>					
3.511.200.000	\$ 170	\$	\$ 170	\$ 15	\$ 155
3.314.225.511	7000	(4267)	2733	1295	1438
3.511.300.000	400		400	385	15
3.315.400.511	1667		1667	1570	97

Administration

3.513.200.000	34565	60	34625	33721	904
3.312.216.513	1300		1300	768	532
3.313.224.513	1400	750	2150	1973	172
3.314.225.513	650		650	301	349
3.695.231.513	7004		7004	7004	-
3.315.232.513	30000	606	30606	29512	1094
3.315.232.513.01	15	673	688	641	47
3.311.237.513	748	101	849	718	131
3.513.267.000	80000	37000	117000	108791	8209
3.513.267.001	27500	(11028)	16472	10817	5655
3.513.267.002		19000	19000	17860	1140
3.513.267.003	30000		30000	29973	27
3.513.300.000	2600	(10)	2590	2584	6
3.315.321.513	800		800	746	54
3.513.361.000	3100		3100	3024	76
3.315.370.513	90		90	83	7
3.315.375.513	300	10	310	309	1
3.315.400.513	3240		3240	2999	241
3.513.800.000	27120	1435	28555	28354	201

Bacteriological Laboratory

3.517.200.000	180		180	169	11
3.517.300.000	867	(72)	795	767	28
3.315.340.517	100	10	110	105	5
3.517.361.000	7500	(100)	7400	7234	166
3.517.362.000	5000	65	5065	5065	-
3.315.400.517	7155	6472	13627	13584	43
3.517.999.000		1567	1567	1557	10

Chemical Laboratory

3.519.200.000	240		240	239	1
3.519.300.000	148		148	128	20
3.519.361.000	350	10	360	352	8
3.519.362.000	440	7	447	442	5
3.315.400.519	519	(7)	512	487	25





DEPARTMENT OF PUBLIC HEALTH - CENTRAL OFFICE BUREAUS (Cont'd.)

OTHER THAN PERSONAL SERVICE ACCOUNTS

Account Number	1963-64 Budget Allowance	Adjust- ments	1963-64 Adjusted Allowance	Expended and Encumbered	Balance
<u>Maternal &amp; Child Health</u>					
3.521.200.000	\$ 436	\$ 30	\$ 466	\$ 427	\$ 39
3.521.203.000	500		500	437	63
3.521.267.000	529186	90000	619186	529628	29558
3.521.300.000	2300	(30)	2270	2019	251
3.521.372.000	1938		1938	1626	312
3.315.400.521	935		935	662	273
3.521.999.000		611	611	335	276

Disease Control

3.525.200.000	242		242	40	202
3.525.200.010	1100	(100)	1000	978	22
3.525.203.000	250		250	203	42
3.312.216.525	100	100	200	157	43
3.315.240.525	102		102	90	12
3.525.300.000	1220		1220	1203	17
3.525.300.010	980	(325)	655	590	65
3.315.321.525	170		170	93	77
3.525.361.000	500		500	66	434
3.525.362.010	1000	325	1325	1183	142
3.525.362.000	100		100	91	9
3.315.400.525	220		220	204	16
3.525.999.000		3125	3125	2549	575

Dairy & Milk Inspection

3.527.200.000	3836	(539)	3297	3174	123
3.315.216.527	3750	539	4289	4289	-
3.527.300.000	1465		1465	1289	176
3.315.321.527	5000	(500)	4500	3770	730
3.527.362.000	100		100	88	12
3.315.400.527	6910		6910	6183	727

Dental Bureau

3.529.200.000	360		360	328	32
3.529.203.000	525		525	514	11
3.529.300.000	265	30	295	287	8
3.315.340.529	146		146	130	16
3.529.361.000	1165	(30)	1135	712	423
3.529.362.000	2275	100	2375	2335	40
3.315.400.529	715		715	549	166



## DEPARTMENT OF PUBLIC HEALTH - CENTRAL OFFICE BUREAUS (Cont'd)

OTHER THAN PERSONAL SERVICE ACCOUNTS

Account Number	1963-64 Budget Allowance	Adjust- ments	1963-64 Adjusted Allowance	Expended and Encumbered	Balance
<u>Food &amp; Sanitary Inspection</u>					
3.531.200.000	\$ 5120	\$ (299)	\$ 4821	\$ 4737	\$ 84
3.531.203.000	7000		7000	6213	787
3.312.216.531	1400	69	1469	1268	201
3.315.240.531	102		102	90	12
3.531.300.000	2584	220	2804	2794	10
3.315.321.531	1200		1200	1075	125
3.531.362.000	60	11	71	64	7
3.315.400.531	630		630	353	277

Health Education

3.537.200.000	245		245	235	10
3.537.300.000	2995		2995	2991	4
3.315.400.537	295		295	266	29

Public Health Nursing

3.539.200.000	25618	(25000)	618	222	396
3.539.200.001		20000	20000	18458	1542
3.539.203.000	200		200	199	1
3.312.216.539	109	133	233	170	63
3.695.231.539	1597		1597	1597	-
3.539.300.000	2900	2000	4900	4774	126
3.315.321.539	50		50	50	-
3.539.350.000	12982	(5224)	7758	3872	3886
3.315.375.539	50		50	43	7
3.315.400.539	1739		1739	1224	515

Statistics

3.541.200.000	3193		3193	2250	943
3.314.225.541	4000		4000	4000	-
3.541.300.000	5300		5300	5098	202
3.315.400.541	3230		3230	2912	318
3541.999.000		2650	2650	1300	1350

Tuberculosis Control

3.543.200.000	1794		1794	1223	566
3.543.203.000	399		399	289	110
3.543.300.000	715	100	815	730	85
3.543.361.000	3625		3625	3459	166
3.543.362.000	226		226	222	4
3.543.372.000	11750	(100)	11650	10708	942
3.315.400.543	932		932	784	148
3.543.999.000		23465	23465	17393	6072



DEPARTMENT OF PUBLIC HEALTH - CENTRAL OFFICE BUREAUS (Cont'd)

OTHER THAN PERSONAL SERVICE ACCOUNTS

Account Number	1963-64 Budget Allowance	Adjust- ments	1963-64 Adjusted Allowance	Expended and Encumbered	Balance
<u>Venereal Disease Control</u>					
3,545,200.000	\$ 724	\$ 6	\$ 730	\$ 730	\$ -
3,545,203.000	400		400	383	17
3,695,231.545	1193		1193	1193	-
3,315,237.545	219		219		219
3,315,240.545	156		156	118	38
3,315,256.545	453		453	150	303
3,545,300.000	2032		2032	1983	48
3,315,340.545	75		75	71	4
3,545,361.000	3000	(212)	2788	2547	241
3,545,362.000	600	200	800	756	44
3,315,370.545	84		84	84	-
3,315,375.545	90		90	64	26
3,315,400.545	124		124	60	64
3,245,880.545	3060		3060	3060	-
3,545,999.000	11850		11850	6981	4869
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TOTAL	\$ 976050	\$163637	\$1139687	\$ 999059	\$140628
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CENTRAL OFFICE	<hr/>				



DEPARTMENT OF PUBLIC HEALTH - EMERGENCY HOSPITAL SERVICES

OTHER THAN PERSONAL SERVICE ACCOUNTS

Account No.	1963-64 Budget Allowance	Adjustments	1963-64 Adjusted Allowance	Expended and Encumbered	Bal- ance
3.551.200.000	\$ 485	\$	\$ 485	\$ ,447	\$ 38
3.551.203.000	110		110	105	5
3.312.216.551	11000	700	11700	11700	-
3.314.225.551	600		600	490	110
3.695.231.551	3700		3700	3700	-
3.315.232.551	5400		5400	3361	2039
3.555.236.551	6000		6000	5490	510
3.315.237.551	1062		1062	1062	-
3.315.240.551	102		102	90	12
3.551.300.000	3686		3686	3476	210
3.315.321.551	5000	500	5500	5248	252
3.315.340.551	2000		2000	1665	335
3.551.350.000	900		900	800	100
3.315.351.551	100		100	69	31
3.557.361.551	2700		2700	2436	264
3.551.362.000	6445		6445	6131	314
3.315.370.551	90		90	84	6
3.315.375.551	25		25	22	3
3.315.400.551	17150		17150	17147	3
TOTAL					
EMERGENCY HOSPITAL	\$ 66555	\$ 1200	\$ 67755	\$ 63523	\$ 4232





DEPARTMENT OF PUBLIC HEALTH - HASSLER HEALTH HOME

OTHER THAN PERSONAL SERVICE ACCOUNTS

Account Number	1963-64 Budget Allowance	Adjust- ments	1963-64 Adjusted Allowance	Expended and Encumbered	Balance
3.553.200.000	\$ 14475	\$ (3255)	\$ 11220	\$ 10935	\$ 285
3.553.200.001		4375	4375	4375	-
3.553.203.000	175		175	175	-
3.312.216.553	1300	1758	3058	2738	320
3.695.231.000	24007		24007	24007	-
3.315.232.553	3000	42	3042	3042	-
3.315.232.553.01	8		8	5	3
3.315.256.553	1008	(42)	966	538	378
3.553.300.000	11840		11840	11799	41
3.315.321.553	2000		2000	1917	83
3.315.340.553	7225	3163	10388	10323	65
3.553.350.000	67000	(4921)	62079	47954	14125
3.315.351.553	8000	(1131)	6869	6757	112
3.555.355.553	22000	(1120)	20880	20417	463
3.553.361.000	13500		13500	12876	624
3.553.362.000	4545	1131	5676	5587	89
3.553.372.000	1250		1250	1206	44
3.315.375.553	300		300	263	37
3.315.400.553	9821	4800	14621	13518	1103
3.553.800.000	2828		2828	2758	70
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TOTAL	\$ 194282	\$ 4800	\$ 199082	\$ 181240	\$ 17842

HASSLER HEALTH HOME

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DEPARTMENT OF PUBLIC HEALTH - LAGUNA HONDA HOSPITALOTHER THAN PERSONAL SERVICE ACCOUNTS

Account Number	1963-64 Budget Allowance	Adjust- ments	1963-64 Adjusted Allowance	Expended and Encumbered	Balance
3.555.200.000	\$ 11730	\$ (2300)	\$ 9430	\$ 9205	\$ 225
3.314.225.555	1000		1000	584	416
3.312.216.555	1320		1320	1320	-
3.695.231.555	118910		118910	118081	829
3.315.232.555	6500		6500	6500	-
3.315.232.555.01	88		88	26	62
3.315.237.555	2272	306	2578	2362	216
3.315.240.555	96		96	90	6
3.315.256.555	2620	(712)	1908	1908	-
3.555.300.000	80848	(8323)	72525	69565	2960
3.315.321.555	1862		1862	1478	384
3.315.340.555	73000	8105	81105	80918	187
3.555.350.000	343747		343747	326784	16963
3.315.351.555	52766	(159)	52607	52012	595
3.555.355.555	161487	(13000)	148487	146737	1750
3.555.361.000	101000	1593	102593	101220	1373
3.555.362.000	36000	18628	54628	53710	918
3.555.372.000	5500		5500	4615	885
3.315.375.555	156		156	149	7
3.315.400.555	62000	(2082)	59918	59407	511

Rehabilitation Wards

3.556.200.000	<del>9868</del>		9868	4340	5528
3.312.216.556	180		180	120	60
3.695.231.556	3840		3840		3840
3.315.232.556	192		192	162	30
3.315.232.556.01	20		20		20
3.556.300.000	10382		10382	10275	107
3.315.321.556	438		438	370	68
3.315.340.556	1600		1600	1346	254
3.556.350.000	20550		20550	17232	3318
3.315.351.556	3234		3234	2720	514
3.556.361.000	9100		9100	7945	1155
3.556.362.000	6127		6127	5213	914
3.556.372.000	372		372	367	5

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TOTAL	\$1128805	\$ 2056	\$1130861	\$ 1086761	\$ 44100
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LAGUNA HONDA  
HOSPITAL

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DEPARTMENT OF PUBLIC HEALTH - SAN FRANCISCO GENERAL HOSPITALOTHER THAN PERSONAL SERVICE ACCOUNTS

Account No.	1963-64 Budget Allowance	Adjust- ments	1963-64 Adjusted Allowance	Expended and Encumbered	Balance
3.557.200.000	\$ 44630	\$ 8904	\$ 53534	\$ 53252	\$ 282
3.557.203.000	200		200	72	128
3.312.216.557	500	660	1160	977	182
3.314.225.557	4500	(1063)	3417	2405	1012
3.695.231.557	118247		118247	118247	-
3.315.232.557	52000	102	52102	52102	-
3.315.232.557.01		199	199	161	38
3.315.237.557	5571	802	6773	6208	565
3.311.238.557	8400	(2632)	5768	5572	196
3.315.240.557	96		96	90	6
3.315.256.557	4400	(2944)	1456	1368	88
3.557.267.001		656534	656534	656534	-
3.557.300.000	109250	1836	111086	111086	-
3.315.321.557	800		800	658	142
3.315.340.557	87000		87000	84684	2316
3.557.350.000	319500	(4605)	314895	309218	5677
3.315.351.557	45000	350	45350	45321	29
3.557.361.000	317000	57000	374000	371178	2822
3.557.361.001	40000		40000	31825	8175
3.557.362.000	195000	29141	224141	221511	2630
3.311.370.557	102		102	84	18
3.557.372.000	75000	(2222)	72778	72712	66
3.315.375.557	350		350	127	223
3.315.400.557	207000	(27412)	179588	162492	17096
3.315.491.557	5000		5000	4624	376
<u>TOTAL</u>	1639946	714630	2354576	2312508	42066
<u>SAN FRANCISCO</u>					
<u>GENERAL HOSPITAL</u>					



DEPARTMENT OF PUBLIC HEALTH - COMMUNITY MENTAL HEALTH SERVICESOTHER THAN PERSONAL SERVICE ACCOUNTS

Account Number	1963-64 Budget Allowance	Adjust- ments	1963-64 Adjusted Allowance	Expended and Encumbered	Balance
3.561.200.000	\$ 3396	\$	\$ 3396	\$ 2168	\$ 1228
3.561.203.000	100		100		100
3.561.267.000	225328	16000	241328	173976	67352
3.561.300.000	1200		1200	1098	102
3.315.321.561	200		200	195	5
3.315.400.561	40	3440	3480	2842	638
3.561.800.000	75		75	55	20

Adult Guidance Center

3.563.200.000	1900	3420	5320	3484	1836
3.563.200.010	50		50		50
3.563.203.010	850		850	586	264
3.563.300.000	1293		1293	1214	79
3.563.300.010	225	(75)	150	78	72
3.563.361.000	16500		16500	16055	445
3.563.361.010	1750		1750	1621	129
3.563.362.000	575		575	252	323
3.315.400.563	240	980	1220	1116	104
3.315.400.563.010	150		150	121	29
3.563.800.000	35	75	110	110	-
3.245.880.563	37300		37300	37300	-

Child Psychiatric Clinic

3.565.200.000	803		803	502	301
3.565.203.000	300		300	195	105
3.565.300.000	563		563	518	45
3.315.400.565	315	740	1055	921	134
3.565.800.000	300		300		300
3.245.880.565	11700		11700	11700	-

Institutional ServicesAdministration

3.567.200.000	728	(2)	726	624	102
3.312.216.567	150	175	325	303	22
3.315.240.567	90		90	90	-
3.567.300.000	175		175	163	12
3.315.321.567	250	(50)	200	73	127
3.315.400.567	250	1273	1523	1394	129

Psychiatric Observation

3.567.300.020	2100	(133)	1967	1967	-
3.567.350.020	25000	1000	26000	25484	516
3.567.361.020	8000		8000	7834	166
3.567.362.020	1700		1700	1666	34
3.315.400.567.020	4180	(310)	3870	1789	2031





DEPARTMENT OF PUBLIC HEALTH - COMMUNITY MENTAL HEALTH SERVICES (Cont'd)

OTHER THAN PERSONEL SERVICE ACCOUNTS

Account Number	1963-64 Budget Allowance	Adjust- ments	1963-64 Adjusted Allowance	Expended and Encumbered	Balance
<u>Institutional Services</u>					
<u>Psychiatric Treatment</u>					
3.567.200.030	\$ 418	\$	\$ 418	\$ 295	\$ 123
3.567.300.030	3755	(620)	3135	3130	5
3.567.350.030	20000	(3671)	16329	14306	2023
3.567.361.030	5445		5445	5336	109
3.567.362.030	650		650	636	14
3.315.400.567.030	1198	220	1418	1006	412
<u>Adult Psychiatric Clinic</u>					
3.567.200.040	876	(175)	701	577	124
3.567.300.040	250		250	248	2
3.567.361.040	12000		12000	11760	240
3.315.400.040	163	1430	1593	917	676
<u>Referral</u>					
3.567.200.050	270		270	117	153
3.567.300.050	300	34	334	333	1
3.315.400.050		260	260	243	17
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TOTAL	\$ 393136	\$ 24011	\$ 417147	\$ 336398	\$ 80749
 COMMUNITY MENTAL HEALTH SERVICES					
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## DEPARTMENT OF PUBLIC HEALTH

COMPARISON OF BUDGET ESTIMATE WITH ACTUAL REVENUESFISCAL YEAR 1963-64

Revenue Account No.	Source	Budget Estimate	* Actual Receipts
3103	Public Eating Places	\$ 140,000	\$ 136,493
4501	Penalties	800	1,008
6538	Salary Refund (Federal)	36,000	31,425
6540	Special Public Health Assistance Funds	169,000	171,230
6760	Crippled Childrens Services (State)	350,000	403,885
6785	Alcoholic Rehabilitation (State)	17,000	15,620
6786	Mental Health Services (State)	725,000	1,037,792
7502	Milk Inspection	152,000	162,395
7526	Food Vehicle Permits	385	460
7527	Poultry Dealers	1,000	1,130
7528	Salvaged Goods	20	-
7543	Fumigation Inspection	100	50
7544A	Laundry Renewals	2,500	2,775
7544B	Laundry Openings	700	970
7549	Refuse Collectors	780	770
7562	Massage Parlors	220	140
7581	Birth Certificates	36,500	42,868
7582	Death Certificates	70,000	78,658
7583	Removal Permits	10,000	10,456
7590	Burial Refunds	6,000	12,150
7590	Travel Certificates	9,100	13,034
7590	Filing Fees	10,000	28,000
7590	Miscellaneous Revenues	3,000	602
7625	Adult Guidance Center (Patients)	5,000	6,471
7626	Nalline Clinic	7,600	9,004
7660	Crippled Childrens Services (Parents)	11,000	13,574
7669	Sheriff's Transportation	4,000	5,437
7686	Child Psychiatric Clinic (Parents)	1,000	2,648
TOTAL		\$ 1,768,705	\$ 2,189,045
CENTRAL OFFICE			

\*Includes Accounts Receivable as well as fees received.



DEPARTMENT OF PUBLIC HEALTHCOMPARISON OF BUDGET ESTIMATE WITH ACTUAL REVENUESFISCAL YEAR 1963-1964INSTITUTIONS

Revenue Account No.	Source	Budget Estimate	* Actual Revenue
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HASSLER HEALTH HOME

6539	Tuberculosis Subsidy	\$ 80000	\$ 80000
7631	Care of Patients	<u>375000</u>	<u>375000</u>
<u>TOTAL HASSLER HEALTH HOME</u>		\$ <u>455000</u>	\$ <u>455000</u>

LAGUNA HONDA HOSPITAL

7611	Care of Patients	\$ 4296000	\$ 5125552
7611A	Rehabilitation	630000	669571
7612	Miscellaneous	<u>1300</u>	<u>2517</u>
<u>TOTAL LAGUNA HONDA HOSPITAL</u>		\$ <u>4927300</u>	\$ <u>5797640</u>

SAN FRANCISCO GENERAL HOSPITAL

7601A	Care of Patients	\$ 840000	\$ 572055
7601B	Care of Patients P.O.	90000	74294
7601C	Care of Patients P.T.	50000	72237
7601D	Care of Patients O.P.C.	1800	2755
7601E	Care of Patients I.B.	60000	107257
7602	Meal Tickets	6000	8384
7604	Care of Compensation Cases	90000	70174
7606	Care of Public Assistance Patients	900000	930659
7609	Miscellaneous	1500	5996
6539	Tuberculosis Subsidy	<u>170000</u>	<u>170000</u>
<u>TOTAL SAN FRANCISCO GENERAL HOSPITAL</u>		\$ <u>2209300</u>	\$ <u>2014411</u>

<u>TOTAL INSTITUTIONS</u>	\$ <u>7591600</u>	\$ <u>8267051</u>
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<u>TOTAL DEPARTMENT PUBLIC HEALTH</u>	\$ <u>9360305</u>	\$ <u>10456096</u>
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\*Includes Accounts Receivable as well as fees received.

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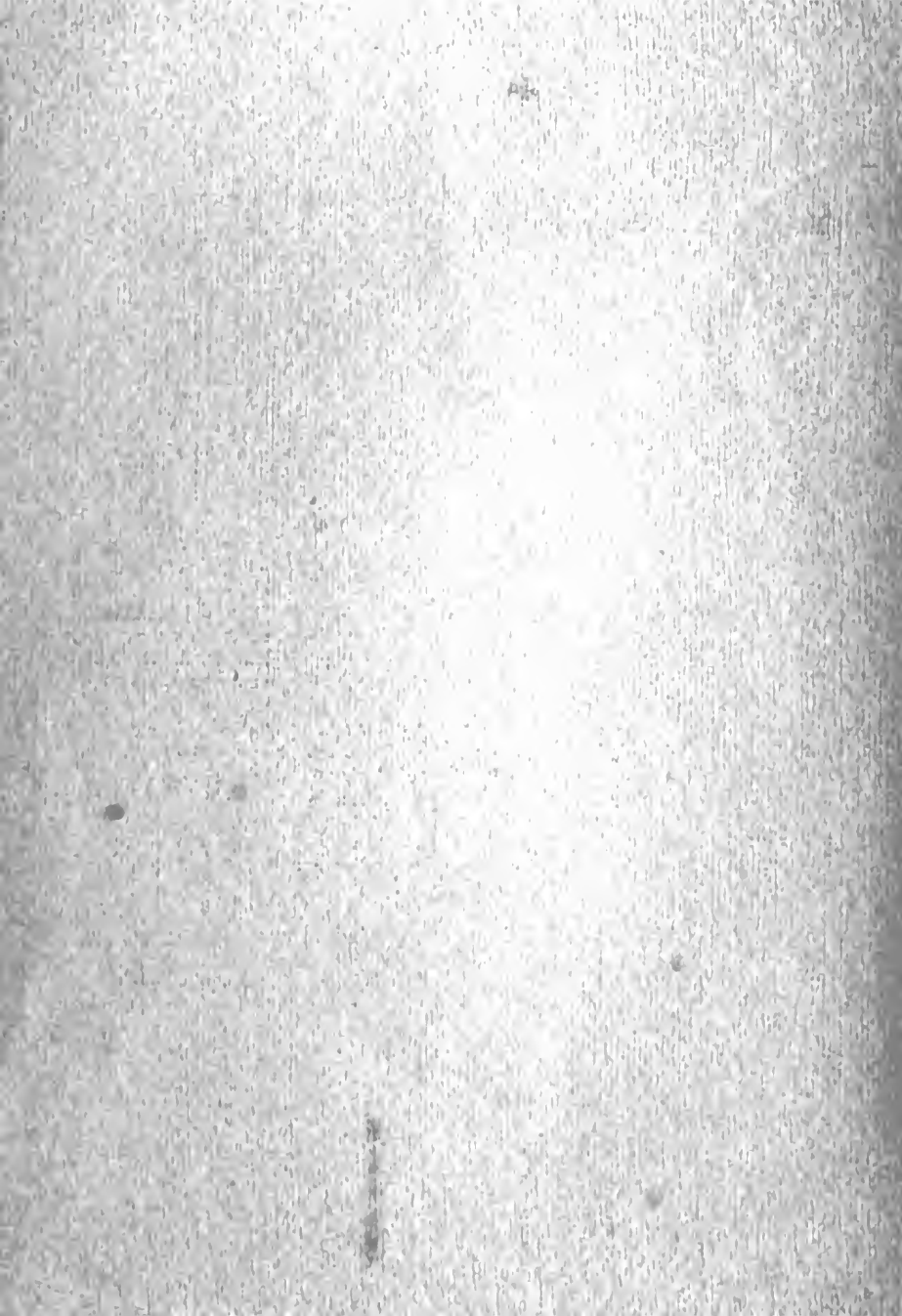
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SAN FRANCISCO  
PUBLIC HEALTH



**San Francisco  
Department  
Of Public  
Health**







# CITY AND COUNTY OF SAN FRANCISCO

## DEPARTMENT OF PUBLIC HEALTH

September 2, 1965

CENTRAL OFFICE  
101 GROVE STREET  
ZONE 2

Through Mr. Thomas J. Mellon  
Chief Administrative Officer

The Honorable John F. Shelley  
Mayor  
City and County of San Francisco

Dear Mayor Shelley:

Pursuant to the provisions of Section 20 of the Charter, the Annual Report of the Department of Public Health of the City and County of San Francisco is submitted herewith.


This report reflects the activities of the more than 3,300 employees of the Department and the support of hundreds of volunteers who gave thousands of hours in helping us meet our responsibilities to the people of San Francisco. It indicates also some elements of progress that have been made and points in the direction that we seem to be moving in order to meet the challenges of those problems which present themselves to us and which must be met by organized community efforts.

The completion of the study of our medical care facilities and the development of preliminary plans for the construction of a new San Francisco Medical Center on the grounds of San Francisco General Hospital constitute one of the highlights of the past year. The presentation of this program to the people of San Francisco in the form of a bond issue in November, 1965 and its approval by the people of San Francisco will constitute a major turning point in Health Department services.

The reorganization of our public health services into the District Health Center system and our moving into the first of our new District Health Centers in the fall of 1965 is another major turning point.

We appreciate the assistance afforded by your office, as well as the support and encouragement of the Chief Administrative Officer and of the Board of Supervisors in making some of these necessary advancements possible.

Very truly yours,



ELLAS D. SOX, M. D.  
Director of Public Health

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## **Westside Health Center**

The drawing represents Westside Health Center, which is now under construction and is the second of five district health centers to be built in San Francisco. These centers, designed to bring total public health services to San Francisco residents at the district, or neighborhood level, will provide preventive medicine, sanitation, food and housing inspection, and certain clinical outpatient services.

The five centers are being built throughout the City by the City and County of San Francisco with the assistance of Hill-Burton Funds through a Federal and a State Grant.



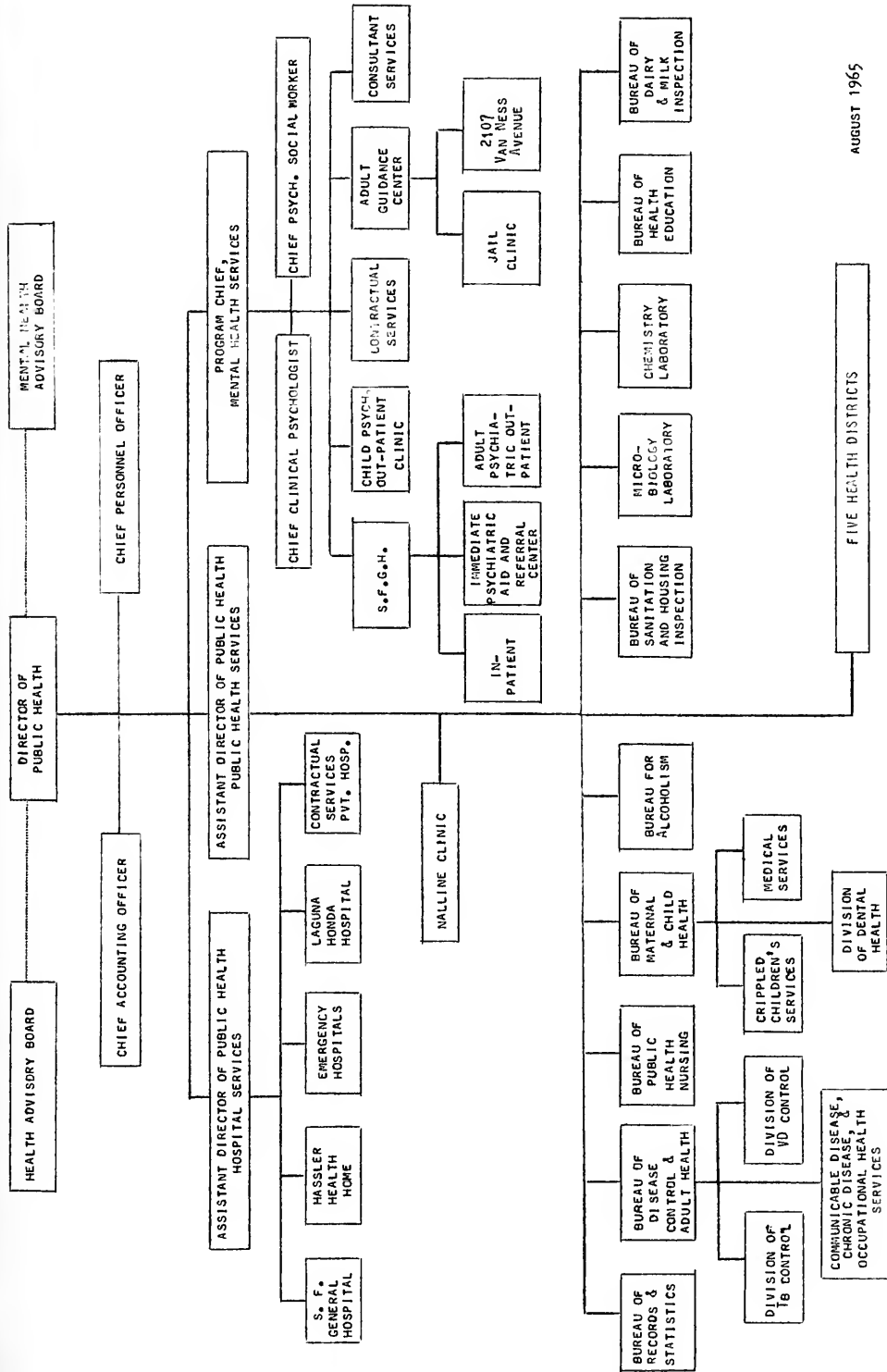
## C O N T E N T S

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ORGANIZATION OF SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH







## BUREAU OF RECORDS AND STATISTICS

BIRTH AND DEATH REGISTRY

During the fiscal year 1964-65, the number of births registered was 18,714, or 5.8% less than the 19,870 registered the previous fiscal year. Recorded deaths decreased 4.1% to 9,828 in 1964-65 from 10,250 in 1963-64. Fetal death registration declined to 230 from 241 for the same periods.

Revenue for the fiscal year 1964-65 showed an overall increase of 1.9% to \$134,626 from \$132,070 for 1963-64. The amount for certified copies of births increased 9.4% to \$46,899 in 1964-65 from \$42,868 in 1963-64. The money collected for certified copies of deaths decreased by 1.3% and the fees collected for removal permits decreased by 4.1%. Income for certified copies of deaths was \$77,616, for removal permits \$10,027, and for searches \$84. There was a drop of 1.5% in the overall number of fees waived; free copies of birth certificates decreased 5.4% and deaths increased 1.7%.

<u>REGISTRATIONS</u>	<u>FISCAL YEAR</u>			<u>Change 1964-65 from 1963-64</u>	<u>Percent Change</u>
	<u>1962-63</u>	<u>1963-64</u>	<u>1964-65</u>		
Births	19,957	19,870	18,714	-1156	-5.8
Deaths	10,297	10,250	9,828	- 422	-4.1
Fetal Deaths	237	241	230	- 11	-4.6
<u>CERTIFIED COPIES</u>	<u>64,611</u>	<u>65,640</u>	<u>66,923</u>	<u>1283</u>	<u>2.0</u>
Births	22,255	23,649	25,461	1812	7.7
Deaths	42,356	41,991	41,462	- 529	-1.3
<u>TOTAL FEES COLLECTED</u>					
	<u>\$129,248</u>	<u>\$132,070</u>	<u>\$134,626</u>	<u>\$2556</u>	<u>1.9</u>
Certified copies of births	\$ 40,248	\$ 42,868	\$ 46,899	\$4031	9.4
Certified copies of deaths	\$ 78,365	\$ 78,658	\$ 77,616	-1042	-1.3
Removal permits, deaths & fetal deaths	\$ 10,568	\$ 10,456	\$ 10,027	- 429	-4.1
Receipts for Searches	\$ 67	\$ 88	\$ 84	- 4	-4.5
<u>FEES WAIVED</u>	<u>5,492</u>	<u>4,830</u>	<u>4,759</u>	<u>- 71</u>	<u>-1.5</u>
Births	2,104	2,168	2,052	- 116	-5.4
Deaths	3,388	2,662	2,707	45	1.7



The provisional estimate of population for July 1, 1964, made by the California State Department of Finance was 775,700, an increase of 5,800 over the 1963 estimate of 749,900 and 15,384 or 2.1% over the April 1, 1960 census figure of 740,316.

Tentative and provisional rates for the United States, California and 4 Bay Area counties for the calendar years 1960-64 and final figures for San Francisco based on enumerated population for 1960 and estimated populations for 1961-64 are:

#### BIRTH RATES PER 1,000 POPULATION

<u>YEAR</u>	<u>U.S.</u>	<u>CALIF.</u>	<u>ALAMEDA</u>	<u>CONTRA COSTA</u>	<u>MARIN</u>	<u>SAN FRANCISCO</u>	<u>SAN MATEO</u>
1960	23.6	23.7	22.9	22.8	22.9	19.9	22.5
1961	23.4	23.2	22.9	22.3	21.8	19.8	21.8
1962	22.4	22.1	21.7	20.7	20.7	19.0	20.6
1963	21.6	21.5	21.5	19.5	19.3	18.5	19.7
1964	21.2	20.5	20.5	18.9	18.5	17.5	18.7

#### DEATH RATES PER 1,000 POPULATION

1960	9.5	8.6	9.3	6.3	7.2	13.3	6.5
1961	9.3	8.3	9.0	6.1	6.5	13.1	6.5
1962	9.5	8.2	8.9	5.9	6.8	13.1	6.5
1963	9.6	8.4	9.3	6.1	6.5	13.3	6.6
1964	9.4	8.3	9.1	6.0	6.7	12.7	6.6

Again in 1964, the downward trend in crude birth rates that began in 1957 continued in all the jurisdictions listed. The U.S. birth rate decreased 10% from 1960 to 1964; California's was 13.5%. Alameda County had the smallest decrease, 10.5%, then San Francisco with 12.1%. San Mateo had a nearly 17% decrease, Contra Costa had just over 17% and Marin was highest with a decrease of 19.2% in the birth rate since 1960. Yet marriages continued to increase in the U.S., California and San Francisco in 1964 as in 1963. With the exception of San Mateo County, all jurisdictions showed a decrease in the crude death rate from 1960 to 1964 ranging from the 1% decrease in the U.S., 3% in California as a whole to the 6.9 decrease experienced in Marin County.

Resident births in San Francisco decreased to 13,239 in 1964 or 4.3% less than the 13,839 in 1963. Resident deaths decreased to 9,598 or 4.1% less than the high of 10,004 in 1963.

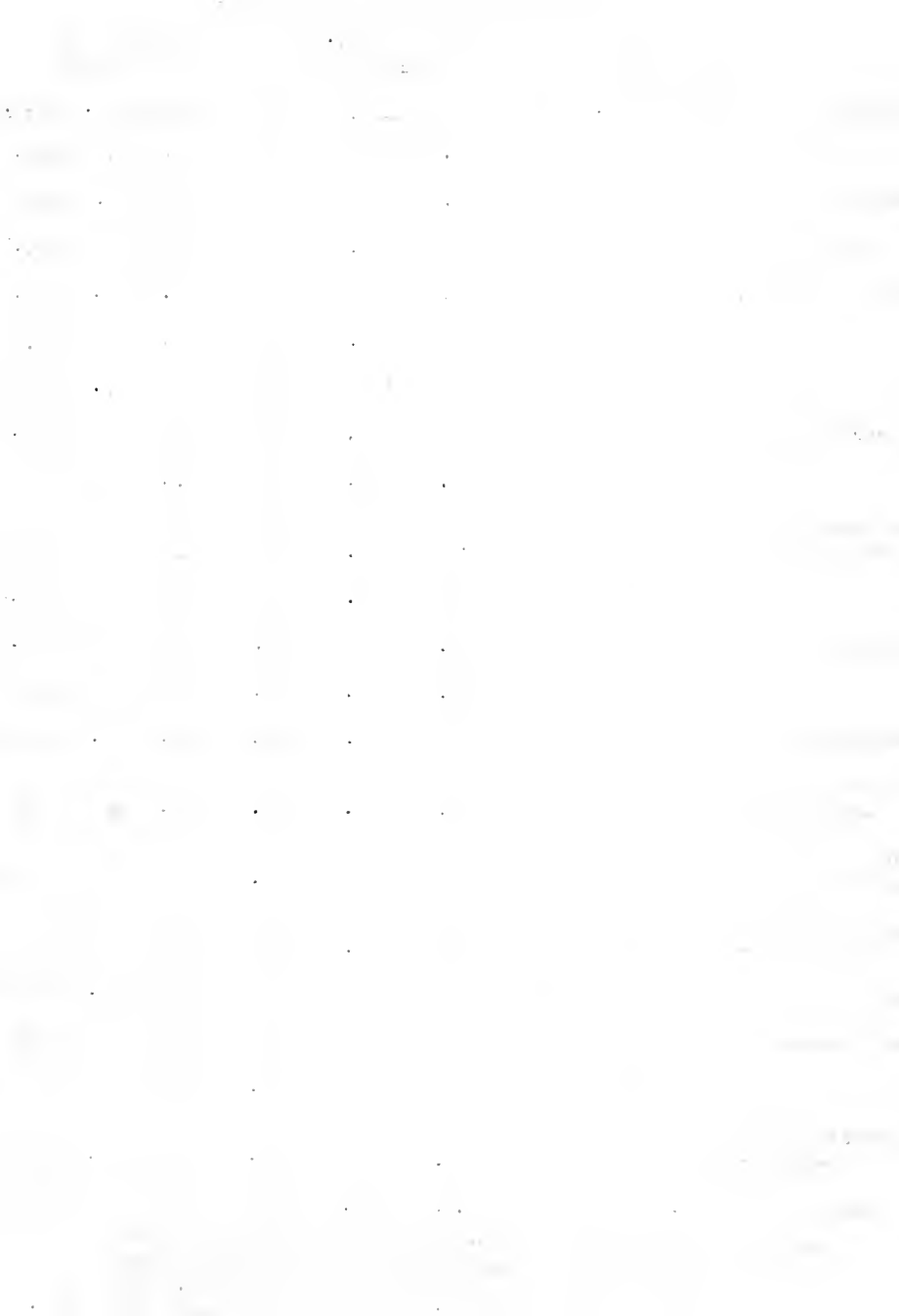
TABLE 1, Deaths from Important Causes for San Francisco, California and the United States lists 1964 final figures for San Francisco residents, provisional 1964 figures for California and the U.S. About 70% of the deaths in each jurisdiction are included in the first four causes though as usual the rates in San Francisco are considerably higher than either in California or the U.S. Cirrhosis, the fifth cause of death in San Francisco is seventh in California and ninth in the U.S. Influenza and pneumonia was the sixth cause in San Francisco and California, fifth in U.S. Suicides, seventh in San Francisco were eighth in California and eleventh in the U.S.; the rate decreased slightly in San Francisco and California over 1963 and remained the same nationwide. Emphysema advanced to the ninth cause of death in San Francisco in 1964 from tenth in 1963 and was tenth cause in California in 1964 and 1963; nationally it was twelfth in 1964 compared to thirteenth in 1963. General arteriosclerosis was tenth in San Francisco and ninth and seventh in California and the U.S. respectively. Rates for tuberculosis declined in all jurisdictions; in rank it was fifteenth in San Francisco and well below that in both California and the United States.



TABLE 1  
DEATHS FROM IMPORTANT CAUSES  
SAN FRANCISCO, CALIFORNIA AND UNITED STATES, 1964

CAUSE OF DEATH	RANK			RATE PER 100,000 POPULATION			PERCENT OF TOTAL DEATHS		
	S.F.	Cal.	U.S.	S.F.	Cal.	U.S.	S.F.	Cal.	U.S.
ALL CAUSES	-	-	-	1270.1	826.8	941.3	100.0	100.0	100.0
Heart Diseases	1	1	1	468.7	313.3	367.0	36.9	37.9	39.0
Malignant Neoplasms	2	2	2	228.7	136.5	151.6	18.0	16.5	16.1
Vascular Lesions C.N.S.	3	3	3	119.6	86.7	104.9	9.4	10.5	11.1
Accidents	4	4	4	70.8	54.5	54.1	5.6	6.6	5.7
Cirrhosis of Liver	5	7	9	62.1	19.5	12.3	4.9	2.4	1.3
Influenza and Pneumonia	6	6	5	48.6	27.1	31.2	3.8	3.3	3.3
Suicides	7	8	11	27.9	16.7	10.7	2.2	2.0	1.1
Certain Diseases of Early Infancy	8	5	6	24.9	27.6	31.1	2.0	3.3	3.3
Emphysema	9	10	12	22.4	12.6	9.3	1.8	1.5	1.0
Arteriosclerosis	10	9	7	21.6	15.8	19.4	1.7	1.9	2.1
Diabetes	11	11	8	14.2	10.1	16.8	1.1	1.2	1.8
Aortic Aneurysms	12	13	14	12.4	7.2	5.7	1.0	0.9	0.6
Ulcers of Stomach and Duodenum	13	14	14	11.9	5.8	5.7	0.9	0.7	0.6
Hernia and Intestinal Obstruction	14	15	16	9.8	4.4	5.1	0.8	0.5	0.5
Congenital Malformations	15	12	10	7.9	9.9	10.8	0.6	1.2	1.1
Tuberculosis	15	17	18	7.9	3.2	4.2	0.6	0.4	0.4
Infections of Kidney	16	15	15	6.6	4.4	5.3	0.5	0.5	0.6
Homicide	17	15	17	6.5	4.4	5.0	0.5	0.5	0.5
Chronic and Unspecified Nephritis	18	16	13	6.1	3.9	5.8	0.5	0.5	0.6
All Other Causes	-	-	-	91.5	63.2	85.3	7.2	7.7	9.3

SOURCES: San Francisco: Department of Public Health Records  
California: Communication from State Department  
of Public Health. Provisional 1964  
United States: Monthly Vital Statistics Report, Vol. 13,  
No. 13, July 2, 1965. Provisional Statistics  
for 1964.



## PERSONNEL DIVISION

The Personnel Office is responsible for maintaining records on all personnel and all positions; preparing, processing, and coordinating documents regarding personnel transactions. In general, administering a personnel program legally and in a way to obtain the most effective possible utilization of employees in fulfilling the purposes of the Department of Public Health.

Shortage of qualified personnel in the following classifications has created problems in the department during the fiscal year:

- Registered nurses
- Psychiatric Social Workers
- Kitchen Helpers
- Orderlies
- Senior Physician-Specialists

The Civil Service Commission has announced continuous examination for these classes, but recruitment has not eliminated all of the vacancies, and several still remain. The reasons for these vacancies are the high turnover rate and the relative scarcity of qualified people.

Residence requirements which has been restrictive to recruitment of qualified personnel have been eased through the efforts of the Civil Service Commission and approval of the Board of Supervisors in March, 1965. Whereas legal residence for one year was formerly required, now current residence only is required for positions within the City and County of San Francisco.

Many vacant positions were filled during the year by recruitment and appointing Limited Tenure employees within the Health Department. This was done in the basence of regular Civil Service lists. However, the procedure of hiring employees through Limited Tenure appointment is now being investigated by the Board of Supervisors for possible revision which may require new regulations in the future.

A number of employees have availed themselves of status appointment in the past year through various new types of classifications, such as: 2932 Senior Psychiatric Social Worker, 2506 Central Supply Room Aide, 2622 Special Diet Aide, etc., when vacancies occurred. The old classifications that these appointees vacated were then reclassified to appropriate new classes. Employees are being kept informed of additional status rights, as well as Limited Tenure promotions through seniority rights. Information is sent out by the Personnel Office as the vacancies occur.





The personnel of the department was distributed in the last two fiscal years as follows:

	<u>1963-1964</u>	<u>1964-1965</u>
San Francisco General Hospital	1,434	1,436
Laguna Honda Hospital	867	873
Central Office	456	457
Community Mental Health Services	226	231
Hassler Health Home	105	131
Emergency Hospital Service	97	97
	<hr/>	<hr/>
Total	3,185	3,225

A total of 46 new positions was approved in the 1965-1966 budget. In addition, 97 positions were reclassified effective July 1, 1965. This compared with 43 new positions in the 1964-65 budget and 70 positions reclassified during the course of the last fiscal year.

The cooperation of the staff of the Civil Service Commission has been of great help to us at all times.



## BUREAU OF DISEASE CONTROL AND ADULT HEALTH

The Bureau has program responsibility for communicable disease control and adult health. In the areas of venereal disease and tuberculosis control, the Bureau has within it two independently functioning Divisions with a full time public health physician in charge; their respective reports follow this section. The Bureau, exclusive of these Divisions, is staffed by five half-time physicians, three clerks, one supervising public health nurse, and Bureau Director, and has the operational responsibility for the control of all other communicable diseases with related epidemiologic problems, as well as promoting adult health, i.e., occupational health, accident prevention, chronic disease control, rehabilitation, and medical program of the City Prison. For ease in presentation, these may be considered to be:

1. Division of General Communicable Disease and Epidemiology
2. Division of Occupational Health and Accident Prevention
3. Division of Chronic Disease and Rehabilitation

It should be stressed that the above divisional activities are carried out by the same staff. Considering the Bureau's diverse activities, full time public health trained physicians should be recruited to replace four of the existing half-time physician assignments. To facilitate this change when such a physician will be available, these half-time positions were consolidated into two full time, as an amendment to the salary ordinance with a provision that the positions can be filled on a half-time basis when required.

### ACTIVITY REPORT: Fiscal 1964-65

	<u>Units</u>
Morbidity Reporting, Tabulation, Office Follow-up	8,883
Epidemiologic Activities	2,846
Animal Bites	6,742
Massage and Tattoo Parlor Processing	707
International Travel	13,826
City Prison Examinations	18,470
Special Service Programs	1,261
Total	52,735

### GENERAL COMMUNICABLE DISEASE AND EPIDEMIOLOGY

Four of the half-time epidemiologist-physician consultants are the medical staff for the control of communicable diseases. They are available to visit in the home of persons suspected of having a communicable disease, give advice about isolation if a diagnosis is made, and what need be done as far as contacts. In addition to the home visits, one is on duty at the Health Department each morning to diagnose cases that are referred in; also gives telephone consultations to public health staff, local physicians, as well as concerned parents, diseased persons, etc. These physicians and the remaining staff keep under observation carriers or contacts of typhoid fever, other enteric diseases, and leprosy, securing appropriate specimens for diagnostic tests when necessary. There are specialized epidemiologic investigations undertaken with a variety of other diseases, i.e., infectious hepatitis, as well as non-communicable diseases such as tetanus, lead poisoning, etc. When and if full time physician-specialist staff is recruited, some of these activities may be shifted to the District Medical Staff.



The Bureau collects, tabulates, and prepares periodic reports of reportable disease notifications sent to it by hospitals, private physicians, and public health clinics. In 1964-65, 10,675 such reports were handled. The information contained is essential in instituting an epidemiologic investigation of the sources of infection, thereby uncovering other infected persons capable of passing on their infections. This is of particular importance in cases of typhoid fever, tuberculosis, and syphilis. Related to this is a relatively new regulation of the California State Board of Public Health, which requires local health department notification by clinical laboratories when examinations of appropriate specimens show evidence of typhoid fever, diphtheria, tuberculosis, syphilis, and gonorrhea. It is the responsibility for the Health Department to follow up these leads to possible infection and institute control measures when applicable.

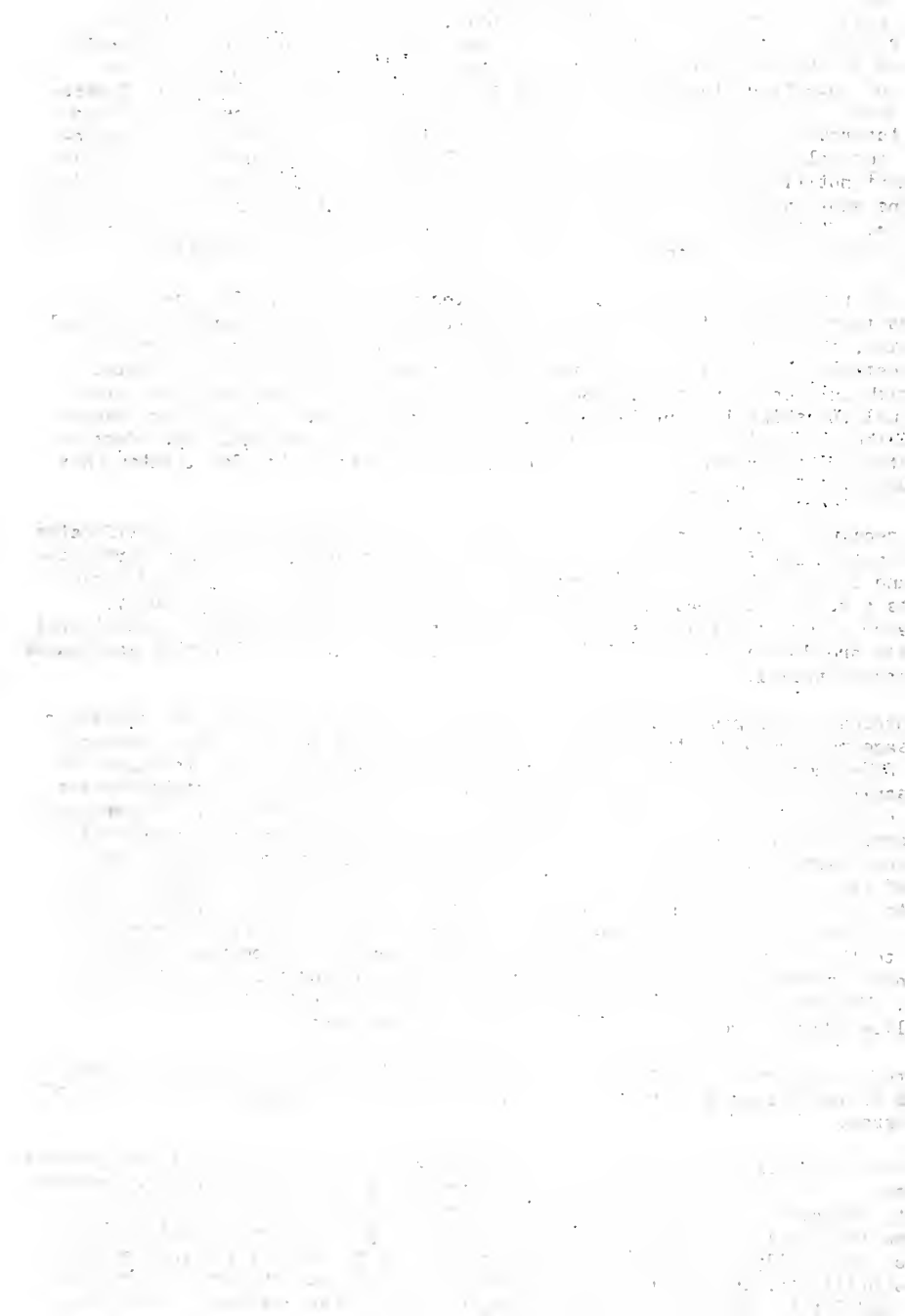
During the reporting period, 2,254 animal bites were handled. The Bureau staff receives these reports from physicians, the police, emergency hospitals, medical facilities, the person bitten, or his family. We are especially interested in the investigation of all animal bites as we are surrounded by endemic rabies areas with an accompanying increased risk of infections in our dog population. The actual investigations of the biting animals and arranging for their quarantine is the responsibility of the Police Department. A reasonably satisfactory administrative procedure has been set up in recent years which facilitates this intra-departmental activity.

We are required by international regulation to certify immunization certificates of vaccination for foreign travel. A fee of \$1.00 is charged for this certification, and in 1964-65, \$13,703 was secured from this for the General Fund, which reflects a gradual increase from 8,590 certifications six years previously. Associated with the service is health counseling for foreign travel. Educational materials are distributed to all travelers, pointing out general health safeguards for overseas travel.

Local ordinance charges us with the authority to issue permits for the operation of massage parlors and bath houses. In addition to the initial investigation, Health Department personnel of this Bureau make semi-annual visits to supervise their sanitary operation. Most of the problems related to these establishments are in relation to the enforcement of the criminal code by the Police Department, i.e., prostitution. We have joined with the Police Department and responsible representatives of the industry in drafting a new ordinance which takes cognizance of the current situation. It will transfer to the Police Department the power to issue permits and, therefore, the power to revoke them. This was presented to the Board of Supervisors Police Committee who, in turn, referred the matter to the City Attorney's office for a legal review. A somewhat modified ordinance was drafted and re-submitted to the Board of Supervisors for their action. We hope this or a comparable ordinance will be put into effect, which will allow adequate remedies of massage parlor operations.

Our careful supervision of tattoo parlors in the city, with the absence of any reports of infectious disease being transmitted therein, suggests the success of our program.

The Bureau staff is available for various programs for the control of communicable diseases. It actively participated in the influenza immunization program created for City Employees. Through education and personal involvement, it tries to increase the level of immunization of special risk populations against influenza, tetanus, and smallpox. Developments may require it to fulfill its inescapable responsibility for the control of communicable disease as set forth in the State Health and Safety Code, by initiating budget requests for equipment, vaccines, and staff to undertake specific programs.



One of the half-time physician-specialists operates a "sick call" at the City Prison six mornings a week. During this report period, 9,235 inmates received some treatment, in addition to an additional 1,376 persons arrested on a morals charge who were examined, diagnosed, and treated for venereal diseases in conjunction with the Division of Venereal Disease Control staff. In addition to this prison program, the Bureau staff undertook its first survey of detention facilities to evaluate health and medical services as recently charged to local health departments by Section 459 of the State Health and Safety Code.

#### OCCUPATIONAL HEALTH AND ACCIDENT PREVENTION

A general pattern is evolving whereby departments of public health are recognizing and accepting the responsibility to provide preventive medical services to 40% of the population currently receiving little or none--the working population. A San Francisco survey made a few years ago (1959), undertaken in conjunction with the Department of Preventive Medicine of the University of California Medical Center, conclusively demonstrates the absence of preventive medical services available to San Francisco's workers at their place of employment. One striking example reveals that 70% of the firms use one or more chemicals which commonly cause occupational disease with only 50% having any sort of self-monitoring program. Until this Health Department finds itself able to offer specific and necessarily specialized services in work settings with potential health hazards, the Bureau staff will continue to act for the department in working with local groups, including the San Francisco Civil Service Commission, employee organizations, and employers in a consultative capacity. We provide occupational health educational materials and promote utilization of outside resources. The level of service offered by the San Francisco Department of Public Health is not comparable to such neighboring counties as San Mateo, Alameda, and Santa Clara, which have trained full time personnel working exclusively in this field. The Bureau's staff investigate occupational disease reports referred to it by the State Department of Public Health. Our Bureau of Food and Sanitary Inspection on occasion provides field investigations, conducted by a few staff members who have benefited by a limited in-service training course conducted by the State Department of Public Health in Berkeley. Similarly, Public Health Nursing has been able to give assistance when indicated.

The Bureau has made, and will again make, a budget request for a new position of Industrial Hygiene Engineer; a person who, by training and experience, will be able to provide the technical direction to the program. Existing personnel and equipment at the Department's Chemistry Laboratory have been surveyed by a team from the Bureau of Occupational Health of the State Department of Public Health, and they report that our Department--from a laboratory point of view--is currently capable of performing many measurements required in environmental sanitation. Unfortunately, without technical direction in sample collection, we are unable to take advantage of these resources.

The Department is vitally concerned with the conditions which cause more physical impairments among the general population than any disease, and which is the first cause of death from age one through age thirty-five. This, of course, is accidents. We have participated with various government and voluntary agencies in helping to develop limited and community-wide programs to reduce accidents.

#### CHRONIC DISEASES AND REHABILITATION

Our aging population, with their greater degree of chronic illness, needs altered approaches and, therefore, Health Department programs. Of particular concern is the availability of out-of-hospital care for the chronically ill in San Francisco, which is more often related to diagnosis, age, and a whole gamut of other



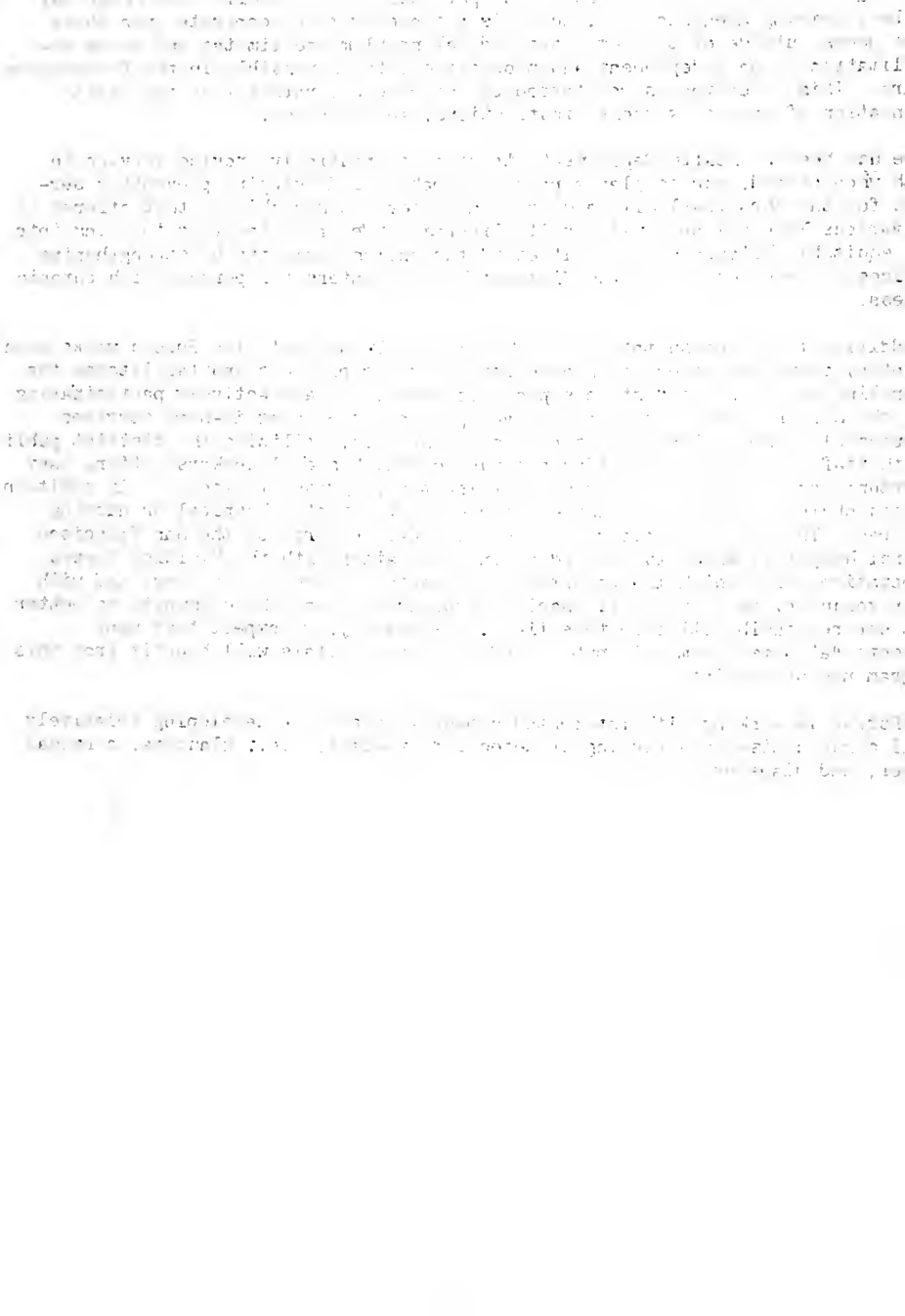


eligibility requirements instead of the patients' needs. While this group may now be receiving adequate care, there is a tendency to concentrate upon those whose needs outside of the immediate medical problem are limited and whose rehabilitation to an independent and productive life is possible in the foreseeable future. This situation is reenforced by the disease, rather than the health orientation of medical workers, institutions, and agencies.

There has been no Health Department structure to routinely provide service in depth when needed, nor to plan a program capable of developing preventive services for the chronically ill and aging at a level comparable to that offered in the various Maternal and Child Health Programs. We are attempting to bring into more equitable balance our activities to the entire community by strengthening services to be offered from the District Health Centers for persons with chronic illness.

In addition to its consultative role within the Department, the Bureau works with voluntary community agencies in developing various projects and facilitates the channeling of federal and state support for them. We are actively participating with the S.F. Homemaker Service in developing and providing in-home services. The possible combinations such services can provide, utilizing the district public health staff plus homemaker-aides and public health social workers, offers many opportunities of slowing and even reversing the progress of disease. In addition to this obvious benefit, the patient can be kept out of a hospital or nursing home bed. This program, along with the Home Care Program of the San Francisco General Hospital, which is carried on in cooperation with the Visiting Nurses Association, with which the Department contracts for bedside nursing, and with other voluntary agencies, will enable the Department and the community to better meet our responsibilities in this field. Ultimately, we expect that many patients "at home" from both public and private hospitals will benefit from this program now developing.

The Bureau is working with interested community groups in developing relatively small chronic disease screening or detection programs, i.e., glaucoma, cervical cancer, and diabetes.



DIVISION OF VENEREAL DISEASE CONTROL

STATISTICAL REPORT - S.F. CITY CLINIC

	FISCAL YEARS				
	1960-61	1961-62	1962-63	1963-64	1964-65
Cases Diagnosed and Treated	3,870	4,755	5,701	6,210	6,818
Syphilis	598	*879	*989	*1,054	*963
Gonorrhea	3,269	3,876	4,709	5,155	5,855
Other Venereal Diseases	3	0	3	1	0
Epidemiologic Investigations	5,774	6,116	7,551	7,529	7,357
New Patients Admitted	5,031	5,423	6,017	6,647	7,707
Re-admissions	4,215	4,795	5,775	6,284	6,855
Laboratory Tests	39,001	41,833	45,633	47,577	40,833
Total Patient Visits	29,309	30,826	34,148	34,229	36,203
*Epidemiologic Diagnoses					
	1961-62	1962-63	1963-64	1964-65	
	387	447	551	484	

As has been the case with monotonous regularity for a number of years, there were again substantial increases in the numbers of new patients, reopens (patients whose charts had been closed) and new diagnoses at the City Clinic. While tabulated data never begin to describe the true story with the countless additional bits of activity involved in each new situation, astonishing revelations are still made. Perhaps the reflective reader can apply the imagination needed to grasp their full significance.

In comparing this year with five years ago, there was a seventy percent increase in new patients; a ninety percent increase in reopens, and greater than a one-hundred percent increase in new diagnoses. As this was developing, it became continually necessary to limit the clinic load to numbers that could be not too inconveniently handled in antiquated facilities and by personnel already strained beyond capacity. Through constant review and appraisal, it was possible to keep the increase in total patients' visits to less than thirty percent during the same five-year period. Though this was necessary and an accomplishment, one cannot help but wonder what part this curtailment of services may have played in the overall venereal disease problem as we find it in San Francisco today. Such a possibility is more than plausible when one considers the proportion of the total of cases reported to the Health Department by the City Clinic (about sixty percent of the syphilis and about ninety percent of the gonorrhea).



In diagnosed cases, syphilis in 1964-65 showed little change over the figures for 1963-64. Gonorrhea in 1964-65 rose about ten percent over the previous year. Cure of this latter disease is becoming more difficult and its control remains as baffling as ever.

A development of importance during the year was the addition of two full-time health educators. We were able, for the first time, to develop a continuous and coordinated campaign for informing the public. One educator, with teaching credentials, was added in July and has spent most of her time in working with schools. The other, an Information and Education Specialist of the United States Public Health Service, arrived several months later and has concentrated most of his efforts in the field of public news media.

In the scholastic field, a highlight was the Teacher's Workshop on venereal diseases sponsored by the Archdiocese Board of Education at Mercy High School. It was attended not only by Catholic teachers, but by teachers from San Francisco public schools as well. Primary emphasis was upon teaching methods and aids to be utilized.

The Information and Education Specialist succeeded in getting some material published and on the air but, more important, he made contacts that should result in greater activity of this type during the coming year.

1. The first part of the report discusses the general situation of the country and the progress of the work in the various departments.

2. The second part of the report discusses the progress of the work in the various departments, and the results of the work in the various departments.

3. The third part of the report discusses the progress of the work in the various departments, and the results of the work in the various departments.

4. The fourth part of the report discusses the progress of the work in the various departments, and the results of the work in the various departments.

## DIVISION OF TUBERCULOSIS CONTROL

Under the Bureau of Disease Control, the Division of Tuberculosis Control provides complete services in the finding, isolating, treating, regulating and preventing tuberculosis in its various forms. It provides complete epidemiological investigations and provides a complete registry for tuberculous cases and cases suspected of tuberculosis. Its services cross or relate in some measure to practically all other programs or service bureaus within the Health Department.

### PROGRAMS AND RESULTS

#### A. Casefinding:

1. By X-Ray Detection: In addition to its own X-Ray detection units at the Central Office Building, the Division participates with case detection units in association with the San Francisco General Hospital, the San Francisco Tuberculosis and Health Association, the San Francisco Medical Society, the Northeast Health Center and the County Jail. Results are indicated in Table I:

TABLE I

#### TUBERCULOSIS CASE FINDING BY X-RAY BY LOCATION OF UNIT FOR 1963 AND 1964

<u>Unit Location</u>	<u>1963</u>			<u>1964</u>		
	<u>No. of Films</u>	<u>Active Tbc.</u>	<u>Lung Cancer</u>	<u>No. of Films</u>	<u>Active Tbc.</u>	<u>Lung Cancer</u>
101 Grove: 70 mm	22,344	21	2	22,797	28	6
14x17	<u>1,429</u>	<u>40</u>	<u>4</u>	<u>1,277</u>	<u>64</u>	<u>4</u>
Total - - - -	23,773	61	6	24,074	92	10
S. F. Gen. Hospital Admission Program	11,329	38	4	10,536	48	none indicated
S. F. Jail #1	4,547	23	1	3,944	11	0
S. F. Medical Society	20,691	13	12	20,058	18	11
S. F. Tuberculosis Assn. (Mobile Unit)	46,671	33	13	49,238	37	7
Northeast Health Center	<u>2,742</u>	<u>7</u>	<u>0</u>	<u>2,469</u>	<u>5</u>	<u>2</u>
TOTALS	109,753	175	36	110,319	211	30

SOURCE: Division of Tuberculosis Control

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2. By School and Pre-school Tuberculin Testing: Routine Tuberculin testing in schools at the First, Seventh, Tenth and Twelfth grade levels. Also, all students arriving from areas outside San Francisco are tested regardless of grade level. This is the eighth year of this very successful program. During the 1963-1964 school year, 40,559 students were tested resulting in the finding of 1,074 (2.9%) positive tuberculin reactors whose follow-up yielded 10 active cases in the schools and 7 active cases in the family contacts. By comparison with the previous year, 1962-1963, 35,395 students were tested with 1,369 (3.9%) positive reactors yielding 23 active cases in the schools and 10 active cases in the family contacts.
3. By Contact Follow-up: Once a case is reported, an extensive and systematic epidemiological investigation is immediately begun of all household, familial and environmental contacts. These investigations are usually completed within two months and are productive of a high percentage of source or contact cases.

#### B. Case Reporting:

Under provisions of the State Health and Safety Code, all cases of active tuberculosis are required to be reported. Also, under the same provisions, all state-licensed laboratories must report to local health agencies all positive bacteriological findings in tuberculosis cases. All such reportings are duly recorded in the Registry of the Division of Tuberculosis Control which notifies the health district in which the case resides. This then initiates an immediate epidemiological investigation of the case and his contacts. Up-to-date recordings of each case are maintained in the Registry until two years after completion of treatment.

TABLE II

REPORTED NUMBER OF CASES AND CASE RATES, AND NUMBER OF DEATHS AND DEATH RATES FOR 1963 AND 1964

RACES	1963					1964				
	POP.	NO. OF CASES	CASE RATE	NO. OF DEATHS	DEATH RATE	POP.	NO. OF CASES	CASE RATE	NO. OF DEATHS	DEATH RATE
TOTAL OF ALL RACES	749,900	514	68.5	74	9.9	755,700	502	66.4	60	7.9
WHITE	594,600	322	54.2	53	8.9	593,200	279	47.0	41	6.9
NEGRO	85,300	77	90.3	8	9.4	89,400	110	123.0	6	6.7
CHINESE	40,800	67	164.2	10	24.5	42,400	65	153.3	9	21.2
FILIPINO	14,500	22	151.7	2	13.8	15,300	24	156.9	3	19.6
JAPANESE	10,800	14	129.6	1	9.3	11,300	9	79.6	1	8.8
OTHERS	3,900	12	307.7	0	0	4,100	15	365.9	0	0

SOURCE: DIVISION OF TUBERCULOSIS CONTROL

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### C. Case Isolation:

Authority to isolate active cases of tuberculosis is granted to local health officers under sections of the State Health and Safety Code. A legal order of isolation may confine a person either at home, under acceptable conditions, or at a suitable institution at the discretion of the health officer.

### D. Case Treatment:

A separate division of the San Francisco General Hospital provides 186 beds for the care of tuberculosis. Because this number is inadequate for proper case separation and modern therapy, a request for an additional ward and more beds has been made for the fiscal year commencing July 1, 1965. This allocation has been approved.

Prolonged hospitalization, as we have known it in the past, has been practically eliminated by the use of newer drugs and antibiotics. However, reduction of in-patient care has been accomplished only at the expense of greatly increased out-patient care. This is well illustrated in Table III showing an annual increase of over 20,000 clinic visits since 1950.

TABLE III

#### CHEST CLINICS 1950-1964

YEAR	TOTAL PT. VISITS	PT. VISITS FOR CHEMOTHERAPY		PT. FOLLOW-UP WITHOUT TREATMENT (Observation-Contacts)	
		No.	%	No.	%
1950	26,139	3,833	14.7	22,306	85.3
1955	33,262	19,975	60.1	13,287	39.9
1960	29,039	25,966	89.5	3,343	11.5
1961	28,499	25,049	89.4	3,450	10.6
1962	31,337	28,645	91.4	2,692	8.6
1963	40,318	37,420	92.8	2,898	7.2
1964	46,231	43,293	93.6	2,938	6.4

SOURCE: DIVISION OF TUBERCULOSIS CONTROL

### E. Case Prevention:

The Division, with the assistance of other bureaus in the Department and the district health centers, makes every effort toward a full epidemiological investigation whenever a case, or suspected case is discovered. Periodic examinations including chest X-Ray and tuberculin testing are made on all close environmental contacts (social, schools, employment, etc.), as well as familial or household contacts. Those



with intimate contact, or those whose tuberculin tests have recently converted are offered prophylactic chemotherapy. Such preventive measures have reduced the prevalence of this disease.

#### - PROBLEMS -

1. Because we have been unable to reduce the number of new active cases below an annual rate of 500 since 1962, tuberculosis in San Francisco is a major public health problem and will continue to be for several years.

The city is a metropolitan seaport, attractive to migrants from all over the world, particularly from the Orient, the Pacific Islands, and South and Central America - areas where tuberculosis is highly prevalent. In addition, there is an estimated annual out-migration of approximately 25%. Situated on a small hilly peninsula, with a land area of 45 square miles and the population density of 16,600 people per square mile, ethnic groups tend to concentrate and crowd certain census tracts where they are socially at home with familial or racial acquaintances.

Thus, conditions of crowding, with a frequently changing population of exposed or highly susceptible people, will cause a continuing serious problem in tuberculosis control. To meet these situations will require expanded clinical facilities and complementary personnel in multiple areas of the city not only for the care of the tuberculous, but for the mass screening and observation of tuberculous contacts, suspects, and for the general population in prevalent areas.

2. The development of tubercle bacilli resistant to the ordinary anti-tuberculous drugs has necessitated the use of newer compounds which are toxic to certain organs in the body and yet are capable of curing or controlling resistant tuberculosis. While some of these drugs are now in use by this Division, there are inadequate clinical laboratory tests available for the proper monitoring of this kind of therapy. Testing must be made available to our tuberculosis clinicians to detect early damage to the liver, kidneys, eyes, blood forming and nervous systems. Requests for additional funding will be made for these tests and for the bacteriologic determination of drug sensitivity.

#### - FUTURE PLANNING -

1. The remarkable success of the decentralized chest clinics located in such highly prevalent areas as Chinatown, Westside Health District and the Skid Row-Tenderloin areas has received national and international recognition as an outstanding means of tuberculosis control. These clinics were made possible by Federal Project funds in 1962, and the results as

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observed by the U. S. Public Health Service were sufficient as to cause this agency to represent these as models for use in other states and countries. While these funds have been renewed on an annual basis, it is expected that they will eventually terminate when the Federal Agencies determine that the Project has been adequately demonstrated to the city. The Division therefore anticipates continuation of these clinics and will request funding from the City Administration when the Federal monies become no longer available.

2. A long recognized need for a residence for the unattached, indigent male who is on out-patient tuberculous therapy has become more apparent now owing to the urban renewal projects, particularly in the South of Market Area. These patients have poor housing, are poorly fed on limited welfare benefits, and are frequently addicted to excessive use of alcohol. Their clinic records indicate frequent delinquency and lapsed treatment, and often relapsed or reactivated disease requiring additional or prolonged hospitalization.

A plan for some type of supervised hotel residence encompassing suitable surroundings in a comfortable environment with recreational, dining and library facilities is now under consideration. The plan is economically sound and could be a joint project of the Department of Social Services, the Health Department, and perhaps one of the rehabilitation agencies. Savings would accrue to the city through returning these people to good health and employment, and thus reduce the need for prolonged and frequent hospitalization and the need for welfare relief.





## BUREAU OF PUBLIC HEALTH NURSING

The Bureau of Public Health Nursing is charged with providing generalized public health nursing services to individuals and families in homes, in schools and in district health centers. The maintenance of a high level of professional nursing competence is a particular responsibility of the Bureau. This is achieved through the careful evaluation of the performance of nurses and continued efforts to assist each staff member to attain her highest potential by providing adequate supervision and in-service training.

It is the major responsibility of a health department to prevent illness and handicapping conditions, and to promote health. In achieving these goals, the public health nurse is one of the most important members of the health team, for she meets and serves more of the public on an individual basis than any other member. She participates in most of the programs of the department such as disease control, maternal and child health, adult health, and mental health.

By virtue of her ready entrance into homes she learns of the many health and social problems in the community. It is therefore necessary that she be represented in community groups interested in improving these conditions. Nursing membership on district councils and other groups is valuable not only from the standpoint of the knowledge nurses have about the people, but also because nurses can play an important role in defining and planning the nursing functions which will in time contribute to improvement of these conditions.

## RELATIONSHIPS WITH OTHER BUREAUS

Within the Health Department the Bureau of Public Health Nursing works closely with all other bureaus in planning for and carrying out nursing functions related to approved programs. Of particular interest this past year has been the joint planning with the Bureau of Maternal and Child Health for a project in the Central Health District. The service is designed to provide improved prenatal and early infant care for a specific population in an effort to prevent mental retardation.

In another instance, continued co-operation with the Bureau of Disease Control and Adult Health has led to more careful evaluation of the In-Home Services Project in the Sunset District. This is a co-operative project between the Health Department and San Francisco Homemaker Service in which the latter organization provides Home Health Aides and some social work service to chronically ill and aging persons in that district. Public health nursing services are directed toward some demonstration of care, counseling, and assisting families to provide for adequate medical care. It is of particular concern to nursing that good professional care be rendered when needed, and that auxiliary personnel, Home Health Aides, be used to augment these services.

Many other illustrations of inter-bureau co-operation could be documented. These include planning with the Bureau of Maternal and Child Health for nursing instruction for a group of unwed pregnant teen-agers, and for assistance with physical examination for the Head Start Program.



### PRESENT ACTIVITIES

The basic services of public health nurses have not changed during the past year. About half of the nursing time was spent in direct services in schools and the remaining time was devoted to child health conferences, immunization clinics, home visiting and office duties. More information as to the extent of school and clinic services can be found in other bureau and health center reports. It should be specifically pointed out that wherever the nurse carries out her duties she is on the alert to find others in families and the community who need or would benefit from her services or those of the health department and other community agencies.

The final statistical reports in relation to home visits for the fiscal year 1964-65 are not available at this writing. Indications are that they will be fairly similar to those of last year. It is of interest to note that the total number of visits to persons with chronic illness in the first three quarters was 2,475, while in 1963-64, 2,341 visits were made in the entire year. It is estimated that there will be a slight increase in mental health visits while pre- and post-natal visits seem to indicate a slight decline.

#### NUMBER OF PUBLIC HEALTH NURSING VISITS

##### BY SERVICE

JULY 1, 1964, thru MARCH, 1965

	MATERNITY	HEALTH SUPERVISION	COMMUNICABLE DISEASE	TB	CRIPPLED CHILDREN	MENTAL HEALTH	CHRONIC ILLNESS
July-Sept.	4347	7195	89	4781	1828	307	965
Oct.-Dec.	4159	6124	65	4947	1403	306	722
Jan.-Mar.	4444	6561	120	4779	1497	292	788

The total number of persons admitted to service during the calendar year 1964 was 11,305 while 3,798 persons who had had service at some time in the past five years were re-admitted. The number dismissed from service was 6,002. These figures remain fairly constant from year to year. It can easily be seen that there are many more persons admitted to service than are discharged. In addition to persons admitted or re-admitted to service, there are those who continue to be carried from one year to another. Thus the same staff of public health nurses is expected to carry an increasingly heavy load.

Public health nurses are assigned to work in the Venereal Disease Clinic, the Tuberculosis Clinic and the Eye & Ear Center. In these specialized areas they provide counseling for persons attending the clinics and make referral to nurses in the district for home follow-up.



The two nurses at San Francisco General Hospital who counsel women attending the prenatal clinic and mothers of sick children have been redefining their roles in order to provide more effective service, more meaningful referrals to the district nurses, and to secure "feed-back" from the districts. This will lead to better co-ordination of medical, nursing and allied services.

In the next year the five district health center plan will become a reality. A considerable amount of time has been spent in planning for this change. The role of the Bureau has been defined as having particular responsibility for setting public health nursing standards and determining the nursing role in district programs.

In order to effect significant communication within and between health centers some reorganization became necessary. An administrative nurse in each district will be responsible to the District Health Officer for the public health nursing service within the district. There will be a staff of approximately three supervisors and 25-30 staff nurses to carry out the district program related to nursing. The administrative nurse will work closely with the Director and Assistant Director of Public Health Nursing so that uniform standards are maintained throughout the Department and that equalization of assignments can be assured. They will work with Educational Director to plan for orientation, staff development and student programs.

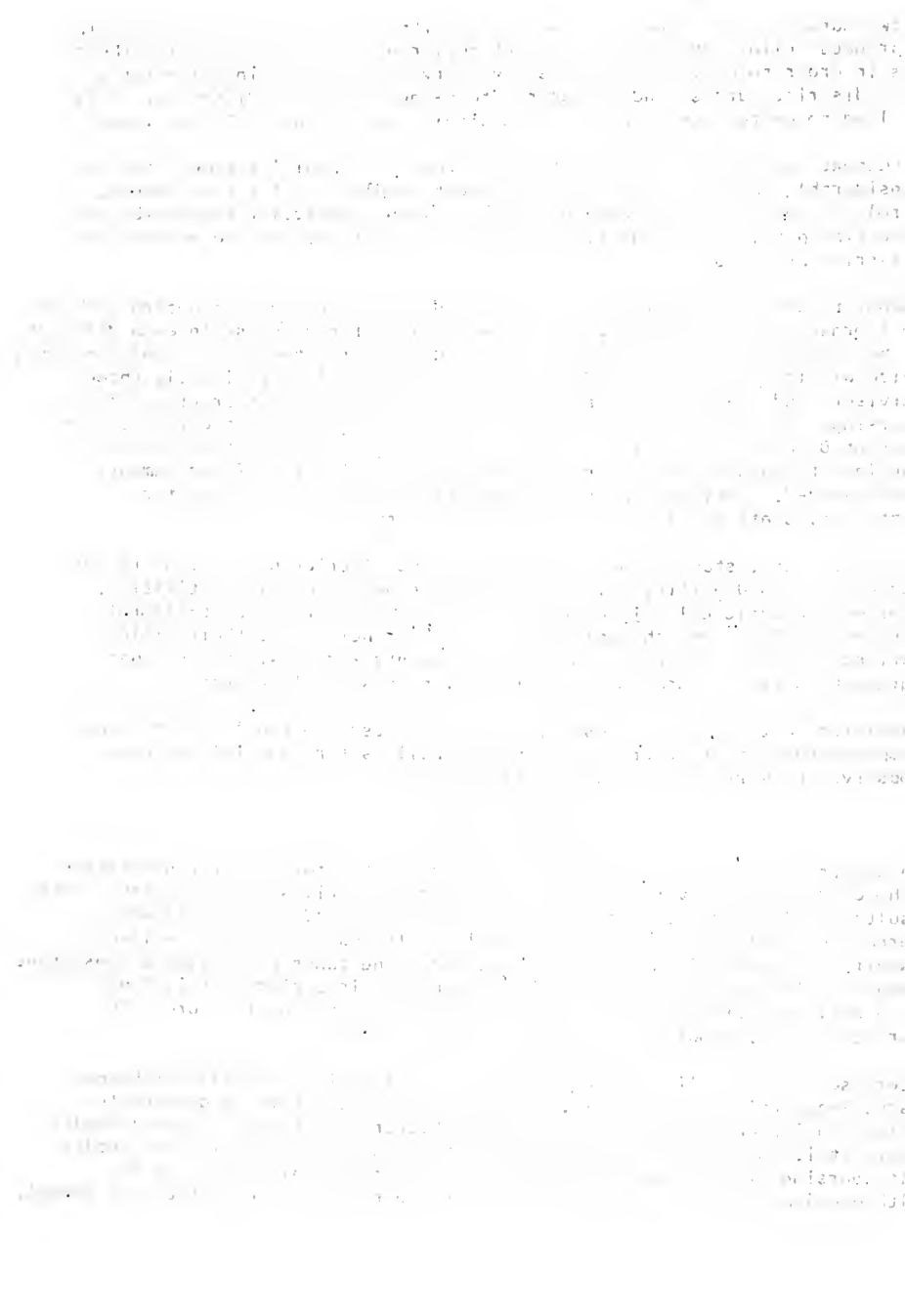
As in past years, students were assigned to the district health centers for observation of and participation in the public health nursing activities. Seventy-three basic collegiate students from the University of California, San Francisco State and the University of San Francisco had their field experience in these centers. Another 15 students were assigned as a part of graduate work, or because of participation in special programs.

In addition to the above, 12 psychiatric residents from Langley Porter and 45 representatives of other disciplines as well as foreign visitors came to observe the work of the public health nurses.

#### FUTURE PLANS

In a department as large as this it is important to provide for consultation in those areas where ever increasing knowledge and skills are necessary. Such consultation is needed in the areas of adult health and chronic illness, maternal and child health and mental health. It must be readily available to staff. A request for Chronic Illness and Aging funds to provide a consultant in adult health and chronic illness was granted this spring. It is hoped that a well qualified consultant can be employed in the near future. The other consultants should be requested within the year.

Better use of the public health nurses time in relation to health problems of school-age children is a must. Much of the nurse's time is devoted to clerical duties and complaints which might better be handled by school health aides. It is hoped that some changes can be made this year. If more public health nursing time can be allocated to the preschool child, many of the health problems of school children can be corrected before entrance into school.



There is a need to prepare interested nurses to teach groups. Such group sessions are now conducted for expectant mothers in the Northeast and Sunset Health Centers and at the Mission Neighborhood House. This is an effective way of reaching a larger portion of the community. The new health centers will have adequate space for an increase in such activities.

The addition of a registered nurse to the staff of each of the five health districts would release much needed public health nursing time from child health conferences and immunization clinics. At present public health nurses are performing duties in these programs that do not require their particular abilities.

One public health nurse will be assigned to San Francisco General Hospital this fall to assist in early planning for the discharge of adult patients. This service has long been anticipated and will be carefully evaluated.

The daily statistical reports of nursing visits need to be standardized so that there is similarity in reporting from one district to another. A committee of supervisors met to review the present form and developed suggestions for change. Hopefully the suggested modifications will provide all the statistical information required in evaluation of services.

With the provision of adequate supervision and consultation, it is expected that public health nurses will be better able to meet the increased demands made upon them for service.

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## BUREAU OF HEALTH EDUCATION

### OBJECTIVES

The objectives of the Bureau of Health Education are to assist the entire Department in accomplishing its public health objectives through educational activities and services:

- A. Assistance in program planning and evaluation.
  - 1. Study and assess health education needs and possibilities.
  - 2. Analyze knowledge, interests and customs of people in terms of aids or barriers to the educational process.
- B. Assistance in the organization and promotion of health education activities:
  - 1. Establishing or maintaining close cooperative working relationships involving agencies and groups of citizens which contribute to the health education of the public.
  - 2. Developing groups for health action.
  - 3. Planning and carrying out preservice or inservice education.
  - 4. Interpreting the value of health programs to the community in the development of community interest and support.
  - 5. Serving as an educational resource to staff and the community in the development and guidance of health education programs and the use of sound educational methods and techniques.
- C. Assistance in the extension of health education through communication.
  - 1. Providing services in health education materials.
  - 2. Making use of mass media of communication.
  - 3. Providing information service.
  - 4. Organizing meetings and giving talks or providing speakers.
  - 5. Establishing health library facilities.

### DEPARTMENTAL RELATIONSHIPS

The Bureau serves as an educational resource to all personnel of the Department, assisting them with both consultation and direct services in the educational aspects of their professional work and in staff education programs.

### BUREAU ACTIVITIES

#### INFORMATION SERVICES

- 1. Weekly Bulletin. A weekly publication on public health subjects, was prepared for the Director of Public Health. This "Weekly Bulletin" is distributed to physicians, hospitals, health agencies, school administrators,



PTA chairmen, libraries, public officials and other community leaders. It was also delivered to the press, radio, and TV stations and was a source of news material frequently used by the news media.

2. When indicated, news releases on a variety of timely subjects were prepared and mailed to the press and to radio and TV stations.

3. Assistance was given to staff and community groups in securing qualified speakers on health subjects.

#### COMMUNITY COMMITTEES

The Bureau was represented on the Central Health Committee (a joint School Department - Health Department coordinating Committee), the San Francisco Interagency Committee on Smoking & Health, the Casework-Housing Advisory Committee of the Mission Adult Center, the Youth Advisory Committee of the San Francisco Association For Mental Health.

#### ORIENTATION OF NEW EMPLOYEES

This program provides orientation to the facilities and programs of the entire Department. One program consisting of seven one-half day sessions was conducted in the fall.

#### HEALTH EDUCATION MATERIALS

1. Audio-Visual Services. A film loan library of motion pictures and filmstrips on health and safety subjects is operated by this Bureau. Films are previewed and evaluated. Consultation is given on the selection and use of educational films. The following table shows the use of the film library by both staff and the public for the last three years:

<u>Number of Requests for Films</u>		<u>Number of Film Showings</u>	<u>Total Attendance</u>
1962-63	790	1,159	40,319
1963-64	864	1,283	47,051
1964-65	815	1,184	50,387

Audio-visual equipment is operated by the Bureau staff and by selected Department personnel who are given instruction in its operation. The following equipment is available for staff use:

Motion Picture Projectors	Projection Screens
Filmstrip Projectors	Transcription Player
Slide Projectors	Tape Recorders
Opaque Projector	Public Address Equipment

2. Printed Materials. The Bureau screens and evaluated pamphlets and posters, procured from both pay and free sources, maintains a stockroom and distributes these materials. In addition, consultation and advice is given on their selection and effective use. The following table shows the distribution of pamphlet material for the last three years:

<u>Fiscal Year</u>	<u>District Health Centers</u>	<u>Other Health Department Bureaus</u>	<u>Directly to Public</u>	<u>Total</u>
1962-63	103,822	18,757	2,662	125,241
1963-64	90,589	11,843	3,509	105,941
1964-65	90,675	17,720	12,034	119,335



## LIBRARY SERVICES

A library file of reports, articles, booklets, reprints and other public health reference material is maintained and available for use by both staff and the public. Selected pertinent references were routed to appropriate offices of the Department.

## SPECIAL ACTIVITIES

The Bureau planned and supervised the experience of the Coro Foundation Interns assigned to the Health Department for a seven week period. Assistance was provided in hosting and arranging itineraries for visitors from other parts of the country and from foreign lands. The Bureau was delegated responsibility for Department participation in fund raising - conducting drives for the United Community Fund and the Cancer Society.

## HEALTH EDUCATION PROJECTS

1. Federal funds financed an Epilepsy Project in San Francisco through the United Cerebral Palsy Association to provide the community with an assessment of unmet needs and an educational program in relation to epilepsy. This project was completed June 30, 1965. The project health educator received professional assistance from the Bureau.
2. Two other projects employing health educators and using federal funds were approved. Through the Division of VD Control a health educator was employed "to plan a comprehensive and coordinated VD educational program for professional workers, school systems, and the general public." Through the Bureau of Maternal & Child Health, a Maternity and Infant Care Project concerned with medically high risk maternity cases was approved. A health educator was employed in February, 1965. Both of these staff health educators received professional and technical supervision from the Bureau.

## HEALTH EDUCATION AT THE DISTRICT LEVEL

Limited health education services were given to the staff of Eureka-Noe Health Center and community work included help to a mothers group in planning and conducting a series of monthly meetings on health topics of interest to them.

The Health Educator employed in the Bureau was transferred to the Westside Health Center in December providing the first full-time district health educator.

A new health education position was approved in the 1965-66 budget. The person filling this job will function as the district health educator for the new District I.

## PROBLEMS

There is a lack of sufficient permanent personnel to provide the health education services commensurate with the need.

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry, no matter how small, should be carefully documented to ensure the integrity of the financial data. This includes recording dates, amounts, and the nature of the transactions.

The second part of the document outlines the procedures for reconciling the accounts. It states that the accounts should be reconciled at the end of each month to identify any discrepancies. If a discrepancy is found, it should be investigated immediately to determine the cause and corrected accordingly.

The third part of the document describes the process of preparing the financial statements. It notes that the statements should be prepared on a regular basis, typically at the end of each quarter. The statements should provide a clear and concise summary of the financial performance of the organization.

The fourth part of the document discusses the importance of maintaining proper documentation for all financial transactions. It states that all documents, including receipts, invoices, and bank statements, should be kept in a secure and organized manner for future reference.

The fifth part of the document outlines the responsibilities of the accounting department. It states that the department is responsible for ensuring the accuracy and reliability of the financial data. This includes monitoring the accounts, preparing the statements, and providing support to other departments as needed.

The sixth part of the document discusses the importance of maintaining proper communication with the management. It states that the accounting department should provide regular reports to the management on the financial performance of the organization. This will help the management make informed decisions about the future of the organization.

The seventh part of the document outlines the procedures for handling any changes to the financial data. It states that any changes should be documented and approved by the management before being entered into the accounts. This will help ensure the accuracy and reliability of the financial data.

The eighth part of the document discusses the importance of maintaining proper security for the financial data. It states that all data should be stored in a secure location and access should be restricted to authorized personnel only. This will help prevent any unauthorized access or alteration of the data.

The ninth part of the document outlines the procedures for archiving the financial data. It states that all data should be archived at the end of each year to ensure it is available for future reference. This will help the organization maintain a complete and accurate record of its financial history.

The tenth part of the document discusses the importance of maintaining proper compliance with all applicable laws and regulations. It states that the accounting department should ensure that all financial transactions are recorded in accordance with the relevant laws and regulations. This will help the organization avoid any legal issues or penalties.

## BUREAU OF SANITATION AND HOUSING INSPECTION

The Bureau of Sanitation and Housing Inspection provides surveillance and control of the many environmental health problems of the City and County of San Francisco. The activities are numerous and diverse involving such areas as code enforcement in multi-family buildings, food establishments, laundries and other industrial premises. The Bureau participates with other City agencies in areas such as the workable program in housing, water pollution control, drinking water supplies and provision of safe and healthful recreational facilities.

### FOOD INSPECTION PROGRAM

In an attempt to provide surveillance of all segments of the food industry this Bureau has attempted in the last year to emphasize off hour inspections to a far greater degree. The need for this altered emphasis is amply demonstrated by the fact that of approximately 600 off hour inspections, 303 resulted in notices of correction. This 50% notice rate is far in excess of the notice rate for routine inspections. Of the 303 notices sent, 82 resulted in citation to administrative hearings with 8 recommendations of permit revocation for recalcitrant operators. All of these establishments have now complied and are in operation. It is interesting to note that of the 303 notices sent, only 2.6% required an extreme form of administrative action before corrections were made.

### Statistical Summary of Food Inspections

<u>Types of Establishments Inspected</u>	<u>Number of Inspections</u>	<u>Types of Establishments Inspected</u>	<u>Number of Inspections</u>
Bakeries	1,832	Liquor Taverns	1,430
Breweries	46	Markets - General	3,453
Meat Markets	3,226	Other Food Factories	437
Candy Factories	197	Peddler Wagons	83
Candy Stores	2,111	Poultry	3,268
Canneries	39	Salvage Dealers	96
Delicatessens	1,668	Sausage Factories	14,197
Fish and Shellfish	1,392	Soft Drinks	669
Fruits and Vegetables	2,225	Warehouses	387
Grocery Stores	7,348	Restaurants	29,793

### ROUTINE FOOD SAMPLING

In addition to the Bureau's program of sampling where violations are suspected, samples of various foods and utensils are made on a routine basis to insure the protection of the public at all times. As in the case where violations are suspected, whenever a sample indicates fraudulent or deceptive practices, the necessary legal actions are taken.

#### Food Sampling Data

Ground Meat	483	Fish & Shellfish	86
Custard	354	Processed Meat	370

#### Utensil Sampling Data

Rim Counts (Swab Tests) of Multi-Use Utensils	1,285
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10. *Journal of the American Medical Association*, 2000; 284: 1039-1044.

2. *Phylogenetic relationships*—The phylogenetic relationships among the 12 species of *Phragmites* were determined using the maximum parsimony method. The analysis was performed using the computer program PAUP 4.0 (Swofford, 1999). The analysis was based on the 12 species of *Phragmites* and the outgroup species, *Phragmites communis* (L.) Trin. The analysis was based on the 12 species of *Phragmites* and the outgroup species, *Phragmites communis* (L.) Trin. The analysis was based on the 12 species of *Phragmites* and the outgroup species, *Phragmites communis* (L.) Trin.

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## INSTITUTIONAL MEAT INSPECTION

All meat, meat food products and poultry purchased by the City for its various institutions are first inspected by this Bureau and either passed or rejected. In the last fiscal year 1, 484,200 pounds were inspected, and 168,500 pounds were rejected as not meeting the standards of quality and safety set by the City.

## MEAT INSPECTION

This Bureau is a California State approved meat inspection agency. As such it provides a much desired and unique service to the meat industry and the people of San Francisco. The inspection program includes sampling of the various spices and additions as well as submission of labels for approval.

### Meat Inspection Data

Corned Meats	5,334,927 Lbs.
Smoked Meats	6,983,334 Lbs.
Sausage	20,346,311 Lbs.

On May 3, 1964, a separate section for the inspection of Meat Processing establishments was inaugurated to provide the type of specialized coverage necessary.

## ADMINISTRATIVE AND LEGAL ACTIONS

In a governmental agency charged with code enforcement, such as the Bureau of Sanitation and Housing Inspection, various administrative and legal tools are required. These tools range from administrative hearings to arrest and condemnation. Arrest and condemnation are only necessary with the most recalcitrant. Of the total corrections obtained by the Bureau less than 1% are obtained by extreme action.

Food Abatement Hearings	217
Permit Revocations	42
Arrests:	6
Adulteration	2
High Fat Content	4
Condemnation:	
Meat and Meat Food Products	112,548 Lbs.
Other Foods	15,153 Lbs.

## FOOD SERVICE TRAINING CLASSES

This Bureau cooperates with the San Francisco City College in their Hotel and Restaurant Management Program by training students in this program in the area of food sanitation and protection. The Bureau further participated in a pilot study of a team-teaching approach sponsored by the San Francisco City College and the Ford Foundation.

In addition to the semi-professional instruction discussed above, food service training courses are also given to employees from commercial food establishments, public and private schools, hospitals and other institutions.

## SCHOOL AND SCHOOL CAFETERIA INSPECTIONS

A continuous inspection of all public and private schools is carried on as a required activity. Maintenance and sanitation of buildings and grounds, as well as cafeterias, are included in each inspection.



During the past year particular emphasis was placed on food protection at service counters and sterilization of eating and drinking utensils. Rim counts of eating utensils were taken at each school cafeteria to determine the adequacy of the bactericidal process and the handling and storing of eating utensils prior to dispensing to patrons.

#### School Inspections

Number of Schools Inspected	106
Number of Reports with Corrections Required	101

#### WATER SANITATION PROGRAM

##### DRINKING WATER

The cooperative sampling program of the Bureau with the San Francisco Water Department has progressed very satisfactorily.

A complaint was received by the Bureau relative to the presence of "green water" in a large public building. An investigation was made and the drinking fountain in question was found to emit water containing copper in excess of 100 parts per million. Since the recommended standard is 1 part per million, it was necessary to take immediate action. The supply was turned off and a complete investigation undertaken. As a result of this study, certain corrections were made and the drinking water supply returned to service. This supply as well as others with similar design problems are being kept under observation by this Bureau.

<u>Sampling Data</u>	<u>Bacteriological Tests</u>	<u>Chemical Tests</u>
San Francisco Drinking Water	1,939	2,469
Small Water Supplies	195	0
Bottled Water Supplies	90	12

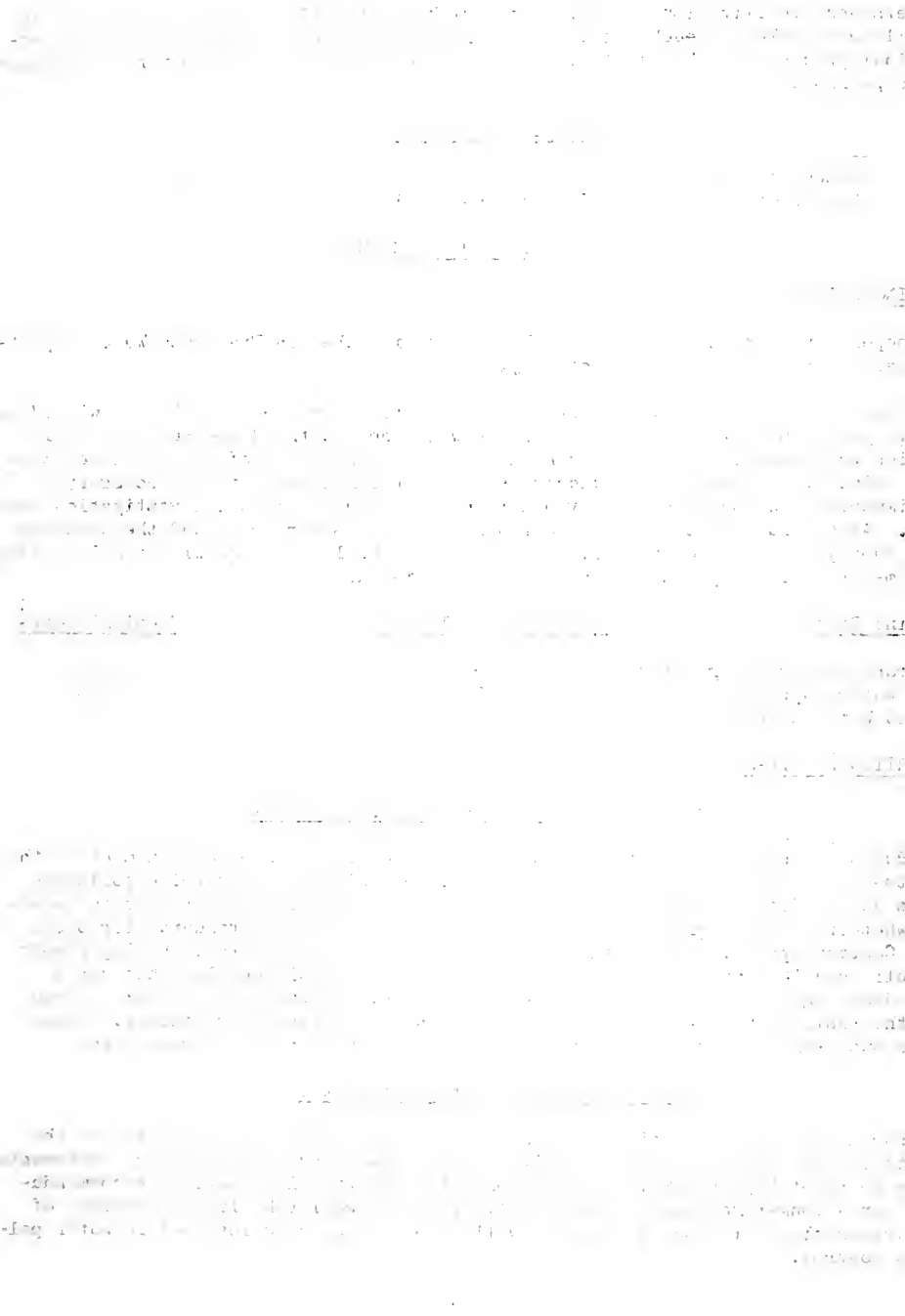
##### RECREATIONAL WATERS

#### Natural Beaches - Water Pollution Control

This Bureau cooperates with the Bureau of Sewer Repair and Sewage Treatment of the Department of Public Works in a sampling program designed to determine pollution levels at the City's various natural beaches. This data is further used to establish whether or not a given beach meets the California State Standards for Ocean Water Contact Sports. Where beaches fail to meet these standards, the Department of Public Health quarantines and posts said beaches. Additionally, whenever a sewer discharge occurs adjacent to a natural beach, the Bureau posts same to caution the public not to use the water as a potential health hazard exists. These waters must remain posted until evidence indicates that they are again safe.

#### Water Pollution Control Committee

This Bureau actively participates with the Bureaus of other City agencies on the committee. The purpose of this committee is to study and suggest policy statements to the Board of Supervisors. In addition, the committee is to evolve recommendations for a long-range plan on water pollution that will take full cognizance of the various plans of City agencies as well as other agencies involved in water pollution control.



### Swimming Pools

All public and semi-public swimming pools are under permit from the Department of Public Health. The Bureau maintains a close surveillance program through chemical and bacteriological sampling. In addition to the inspections made at the time of sampling, an annual written inspection of pools is made. This is deemed an extremely important step since during the last year a large semi-public pool was found to have direct cross-connection between the drinking water supply, an auxiliary water supply and the sewer. Immediate steps were taken to correct this condition.

#### Sampling and Posting Data

Swimming Pools	689
Recreational Waters	1,320
Beach Posting	1,134

### SEWAGE EFFLUENT - IRRIGATION

The City has currently two major operations whereby sewage is treated and the effluent is used for irrigation. One of these installations is in Golden Gate Park, and the other the County Jail which supplies Sharp's Park Golf Course. The Bureau maintains close surveillance of the bacterial quality of these waters and cooperates with other City agencies whenever corrections are required.

#### Sampling Data

Golden Gate Park	46
Sharp's Park Golf Course	55

### HOUSING

Traditionally, the Bureau has been responsible for the quality and condition of a major segment of the City's housing supply. Typically, the activities in this field range from the control of sanitation in one and two family buildings to the continuous surveillance of the maintenance and occupancy of the City's apartment and hotel buildings.

During recent years to meet the increasing need and demand for environmental health services in this field, it has become necessary to develop new inspection techniques and administrative procedures. The following is a general description of the Bureau's Housing activities and the procedures that have been devised to prevent the deterioration of San Francisco's multi-family residential housing:

#### ANNUAL PERMIT OF OCCUPANCY

Annually, every apartment and hotel building is examined to insure that sanitation, occupancy, light, ventilation and maintenance standards meet applicable code standards. A Permit of Occupancy is issued for those structures in satisfactory condition. Those buildings which are determined to be substandard are ordered rehabilitated.

A public record is established in the Bureau at time of erection of an apartment or hotel building and is maintained throughout the life of these structures. Included in each file is a description of the physical facilities, property holder's name and address, changes of ownership, legal status and all official actions.

#### Permit of Occupancy Data

Buildings Inspected	16,311
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to the fact that the Government of the United States has not yet decided whether it will support the United Nations in its efforts to bring about a settlement of the Korean problem. The Government of the United States has not yet decided whether it will support the United Nations in its efforts to bring about a settlement of the Korean problem.

Figure 1. Schematic representation of the experimental design. The subjects were divided into two groups: the control group and the experimental group. The control group was divided into two subgroups: the control group and the experimental group. The experimental group was divided into two subgroups: the control group and the experimental group. The control group was divided into two subgroups: the control group and the experimental group. The experimental group was divided into two subgroups: the control group and the experimental group.

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TO THE HONORABLE MEMBERS OF THE HOUSE OF REPRESENTATIVES  
OF THE STATE OF NEW YORK:  
IN SENATE,  
JANUARY 1, 1901.

Figure 1 is a line graph showing the effect of the concentration of the inhibitor on the rate of polymerization. The x-axis is labeled "Inhibitor concentration (mole/l)" and ranges from 0 to 0.001. The y-axis is labeled "Rate of polymerization (mole/l·hr)" and ranges from 0 to 0.001. The curve starts at a rate of approximately 0.0008 at 0 concentration and decreases sharply as concentration increases, reaching a rate of about 0.0001 at 0.001 mole/l. The curve is labeled "Rate of polymerization" and "Inhibitor concentration".

## CODE ENFORCEMENT

Code enforcement is the legal process utilized by the Bureau to require property holders to rehabilitate existing non-conforming buildings to applicable code standards.

It is standard practice, upon discovery of a non-conforming apartment or hotel building, to notify the owner to undertake the necessary corrections within a specified period of time. Compliance with the Bureau's directives results in the clearance of the building's non-conforming record and the issuance of a Permit of Occupancy. Non-compliance results in the activation of further administrative and legal action to insure eventual satisfactory rehabilitation.

In February 1962, there was an extreme departure from this method of activating housing cases. Recognizing that 15 to 20% of the City's apartment and hotel buildings were non-conforming, in part a result of the adoption of a retroactive Housing Code and that several years would be required to activate this number of cases, a new method of owner notification was devised. A printed form notice was developed which contained a series of predetermined Housing Code violations, those invariably associated with substandard buildings. These notices, which did not set forth a specific time limit for compliance, were issued to 3,450 property holders within a brief span of seventeen months. This system permitted the field staff to complete the issuance of all notices uninterrupted by the reinspections that would have been required had the customary thirty to ninety day completion dates been issued. An additional benefit of this approach was the quick establishment of a current public record available to prospective purchasers indicating general building conditions. As a result of this program, over 2,500 Building Permit Applications have been processed through the Bureau indicating the property holders intent to undertake rehabilitation.

In May 1963, the "Check List Notice" technique was abandoned, having served its purpose. Since that time there has been a return to the use of more specific forms of notification.

## SERVICE OF HOUSING COMPLAINTS

The Bureau receives complaints relative to all types of Health and Housing Code violations. These complaints range from serious occupancy violations to minor problems of sanitation. All are investigated and acted on whenever they are justified.

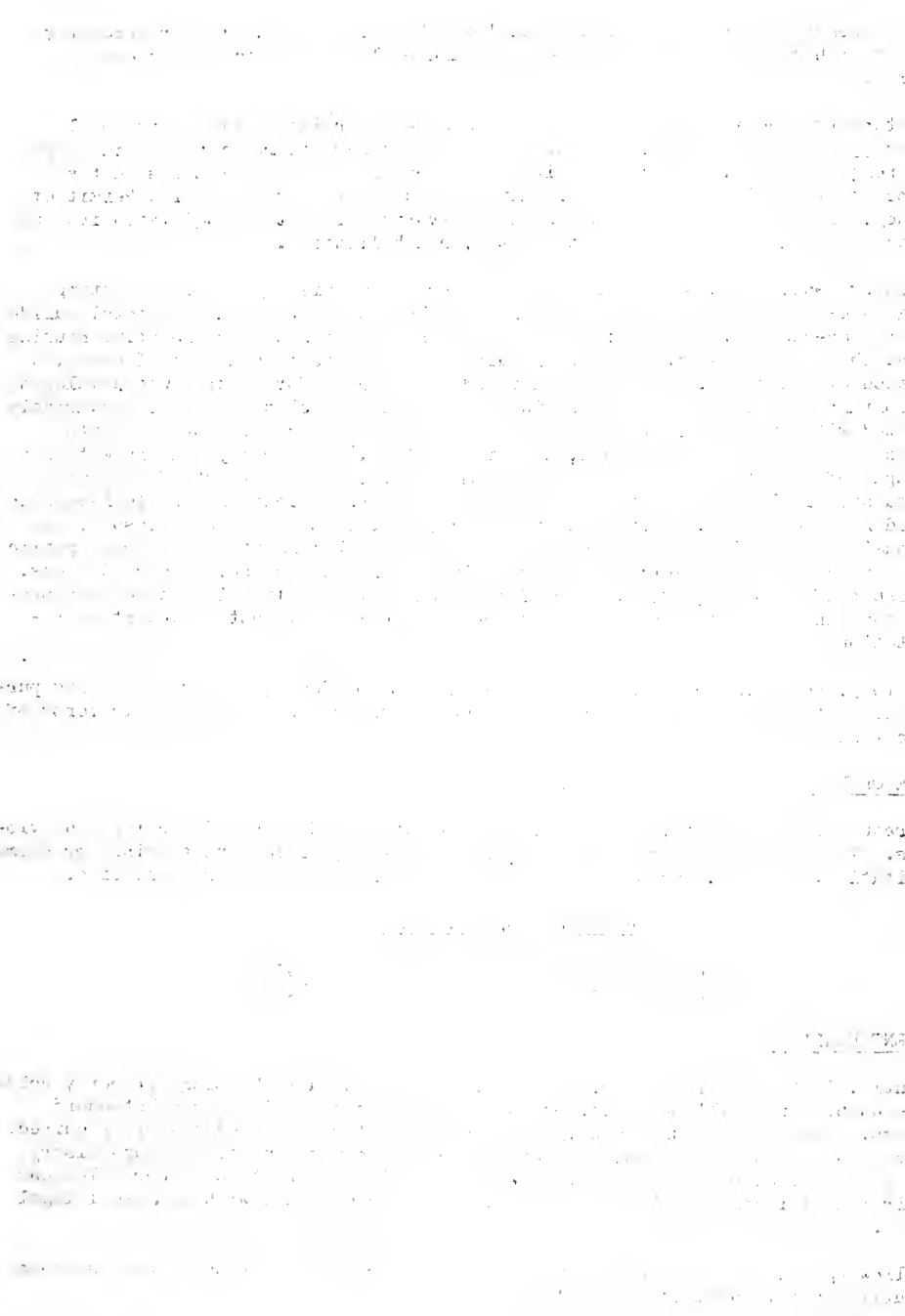
### Housing Complaint Data

Complaints Received	3,896
Complaints Abated	3,316

## ABATEMENT HEARINGS

Frequently, in the enforcement of technical codes related to housing, property holders are unable or unwilling to correct non-conforming conditions in substandard buildings. When this occurs, costly time consuming legal proceedings are required. To hold these formal actions to a workable level, a board composed of supervisory Bureau personnel holds weekly meetings with property holders to consider solutions to their rehabilitation problems, and to stimulate compliance without formal legal hearings.

The following data reveals the extent to which the Bureau's personnel have successfully utilized this administrative tool:





Comparative Abatement Hearing Data\*Housing and Related Cases

1963-1964

259

1964-1965

318

\* - 90% of these cases are resolved without further formal legal action.

CONDEMNATION HEARINGS

A limited number of substandard property holders fail to adequately respond to the Department's rehabilitation directives. These cases are brought before the Director of Public Health at regularly scheduled Condemnation Hearings.

Condemnation Hearing Data

\*Cases Before the Director  
Buildings Condemned

57  
23

\* - Includes Re-Hearings

HOUSING RESEARCH SERVICE

The Department of Public Welfare is required by State Welfare Regulations to withhold rent subsidies from aid recipients residing in substandard residential buildings. A continuous research and inspection program is carried on by the Bureau to maintain a current building status list for the Department of Public Welfare.

Approximate Number of Inspections of Apartment and  
Hotel Buildings in Which Welfare Recipients Reside 900

REFUSE COLLECTION AND DISPOSAL CONTROL PROGRAM

The Bureau is charged with the responsibility of resolving all disputes that arise between the public and the City licensed refuse collection companies. The inspection staff investigates complaints relative to collection, storage, transportation and disposal of refuse.

Refuse removal rates for commercial establishments are established by contractual agreements, based on City approved cost formula. Whenever an agreement cannot be reached by the owner of a commercial establishment and the refuse collection company, a time and motion study is conducted by the Bureau's inspection staff to determine correct refuse removal rates.

OCCUPATIONAL HEALTH PROGRAM

At the present time this Bureau's activities in occupational health are limited to investigation of complaints and reports of occupational diseases. It is anticipated that with the advent of the many new and complex chemicals which are readily available to the public, the involvement of the Bureau in routine inspection of commercial and industrial operations will become essential. In the past year the Bureau has investigated and taken action on such diverse complaints as exposure to chlorine gas, ammonia gas, carbon monoxide, a new herbicide which was supposedly non-toxic but which in fact is highly dangerous when inhaled even in small quantities, and the use of perchlorethelene in do-it-yourself dry cleaning plants.

INSTITUTIONAL INSPECTION PROGRAM

A required annual activity of the Bureau is the inspection of all jails and juvenile detention facilities under the jurisdiction of the City and County of San Francisco.

1. The first part of the document is a list of names and addresses of the members of the committee. The names are listed in alphabetical order, and the addresses are given in full. The list is as follows:

2. The second part of the document is a list of the names of the members of the committee who have been elected to the office of chairman and vice-chairman. The names are listed in alphabetical order, and the offices are given in full. The list is as follows:

3. The third part of the document is a list of the names of the members of the committee who have been elected to the office of secretary and treasurer. The names are listed in alphabetical order, and the offices are given in full. The list is as follows:

4. The fourth part of the document is a list of the names of the members of the committee who have been elected to the office of member-at-large. The names are listed in alphabetical order, and the offices are given in full. The list is as follows:

5. The fifth part of the document is a list of the names of the members of the committee who have been elected to the office of member-at-large. The names are listed in alphabetical order, and the offices are given in full. The list is as follows:

6. The sixth part of the document is a list of the names of the members of the committee who have been elected to the office of member-at-large. The names are listed in alphabetical order, and the offices are given in full. The list is as follows:

7. The seventh part of the document is a list of the names of the members of the committee who have been elected to the office of member-at-large. The names are listed in alphabetical order, and the offices are given in full. The list is as follows:

8. The eighth part of the document is a list of the names of the members of the committee who have been elected to the office of member-at-large. The names are listed in alphabetical order, and the offices are given in full. The list is as follows:

9. The ninth part of the document is a list of the names of the members of the committee who have been elected to the office of member-at-large. The names are listed in alphabetical order, and the offices are given in full. The list is as follows:

10. The tenth part of the document is a list of the names of the members of the committee who have been elected to the office of member-at-large. The names are listed in alphabetical order, and the offices are given in full. The list is as follows:

11. The eleventh part of the document is a list of the names of the members of the committee who have been elected to the office of member-at-large. The names are listed in alphabetical order, and the offices are given in full. The list is as follows:

Inspections are made to determine compliance with Minimum Jail Standards, issued by the State Board of Corrections, and the California Restaurant Act. Inspection includes the examination of food, housing, bedding and clothing.

#### Institution Inspection Data

Number of Institutions Inspected	7
Number of Notices of Correction	7

#### LAUNDRY INSPECTION PROGRAM

This Bureau is responsible for the establishment, operation and maintenance, the issuance and renewal of Permits to Operate and the investigation of complaints relative to Laundries.

A program to update the inspectional and operational procedures and to increase efficiency in areas of enforcement governing Laundries and Automatic Laundries was initiated and carried out over the past two years. This program required the operators of such establishments to perform adequately, and improve plant sanitation, maintenance practices and procedures.

The Bureau issues permits for 671 Laundries and Automatic Laundries.

#### Laundry Inspection Data

Wash Laundries (Wiping Rag Laundries)	128
Hand Laundries	149
Automatic Laundries	394
Number of Inspections	1,645
*Number Inspections on Complaints	195
Number Permit Hearings	110
Number Establishments Requiring Abatement	
Correction of Deficiencies	351

\* - Since the inauguration of the program, the number of complaints received have been reduced considerably, particularly those regarding Automatic Laundries.

#### AIR SANITATION PROGRAM

In cooperation with the United States Public Health Service and the Bay Area Pollution Control District, this Bureau continued its activities on air pollution sampling and enforcement. On three occasions special samples were collected for radioactive fallout analysis. Special sampling on two of these occasions were initiated following the Chinese nuclear tests made in October of 1964 and in May of 1965. In addition this Bureau is actively participating on an atmospheric corrosion study undertaken by the United States Public Health Service.

Since the adoption of Regulation 2 by the Bay Area Air Pollution Control District in 1961, this Bureau has cooperated with the District in issuing notices to apartment house and hotel owners having single-chambered refuse incinerators which did not meet source emission standards. Of the four hundred notices issued, 328 have been abated. Ninety-four percent of the reconstructions are of the garbage bin type whereby garbage accumulated is hauled away by licensed scavenger services. To date, the cost of having single-chambered incinerators comply with Regulation 2 has reached approximately \$237,000.

## THEORY OF THE EARTH

1. The Earth is a sphere of about 8000 miles in diameter, and is composed of a solid inner core, a liquid outer core, and a solid mantle.

## THE EARTH'S INTERIOR

2. The Earth's interior is divided into three main layers: the inner core, the outer core, and the mantle.

3. The inner core is a solid sphere of iron and nickel, about 1200 miles in diameter. It is the hottest part of the Earth, with temperatures reaching up to 10,000 degrees Fahrenheit.

4. The outer core is a liquid layer of iron and nickel, about 1400 miles thick. It is the second hottest part of the Earth, with temperatures reaching up to 7,000 degrees Fahrenheit.

## THE EARTH'S SURFACE

5. The Earth's surface is divided into two main parts: the crust and the mantle. The crust is the thin, solid outer layer of the Earth, about 10 miles thick. The mantle is the layer of the Earth below the crust, extending down to the core-mantle boundary.

6. The crust is composed of various types of rocks, including igneous, sedimentary, and metamorphic rocks. The mantle is composed of a solid layer of iron and nickel, with a liquid layer of iron and nickel below it.

## THE EARTH'S HISTORY

7. The Earth's history is divided into four main periods: the Precambrian, the Paleozoic, the Mesozoic, and the Cenozoic. The Precambrian period is the longest, lasting from the beginning of time to the start of the Paleozoic period. The Paleozoic period is the second longest, lasting from the start of the Paleozoic period to the start of the Mesozoic period.

8. The Mesozoic period is the third longest, lasting from the start of the Mesozoic period to the start of the Cenozoic period. The Cenozoic period is the shortest, lasting from the start of the Cenozoic period to the present. The Earth's history is a long and complex process, with many different events and changes occurring over time.

### Data on Air Sanitation Activities

Air Pollution Samples	512
Weather Condition Observations	481
Visual Range Observations	481
Radioactive Fallout Samples	19
Smoke Complaints Investigated	12
Single-Chambered Incinerators Reconstructed	63
Participation Control District Hearings	7
Inspection of Incinerator Chambers	92

### MOSQUITO CONTROL PROGRAM

The Bureau's on-going program of coordination of the City's mosquito control activities continued to function effectively. An index of the effectiveness of the program can be obtained from an analysis of the complaints since the year of 1958-1959. Areas once heavily infested with mosquitoes, particularly in certain sections of the Marina, Pacific Heights, Nob Hill, Inner Mission and Lake Merced, have been given a year-to-year extensive insecticide treatment of all possible breeding places.

#### Complaint Data

<u>Year</u>	<u>Complaints</u>
1958-1959	1,128
1959-1960	735
1960-1961	310
1961-1962	248
1962-1963	205
1963-1964	258
1964-1965	203

### PLAGUE SURVEILLANCE UNIT

A comprehensive and continuing program of trapping rodents for disease control is the task of the Plague Surveillance Unit. Secondly, the Unit carries out poisoning of rodents that infest the sewers and other properties under City and County control. Special emphasis was placed on critical districts such as the waterfront and redevelopment areas. Rodents and ectoparasites collected were processed in the United States Public Health Service Laboratory for the presence of *Pasteurella pestis*. All specimens were examined and found negative for plague.

In fiscal year 1965, services requested from the public numbered 787. Assistance and advice was given in each case which resulted either in the elimination of rat harborage or ratproofing of the premises. An estimate of over 2,000 rats were poisoned in sewers or dumps, beaches and other properties under City and County control.

To determine the presence or absence of plague in San Francisco, rodents and their ectoparasites will be collected and tested in the laboratory. Poison operations on the waterfront, sewer lines, dumps and other areas will be carried out to maintain a low population of rodents. Ground squirrel control along the San Francisco-San Mateo County line, and educational program covering the 20 districts in the City, are included in our future plans.

#### Statistical Data

Rodents Trapped	6,389
Ectoparasites Collected	2,935
Rodents Poisoned (Estimate)	2,000
Premises Inspected	8,058
Premises Found with Rats	307
Total Number Trap Days	122,537



## PUBLIC HEALTH BACTERIOLOGICAL LABORATORY

### PURPOSE AND OBJECTIVES

The public health laboratory exists, in part, to provide adequate laboratory services for the successful conduct of the programs of the health department. Another function is to provide laboratory service to the community for the control of communicable disease and to provide assistance to community physicians in the solution of other problems relating to the general field of public health. The public health laboratory also serves as an aid to clinical laboratories in a consultative and reference manner on certain laboratory examinations in which the public health laboratory is especially well qualified and where, for one reason or another, the clinical laboratories are limited.

### PRESENT PROGRAMS

#### COMMUNICABLE DISEASE CONTROL

##### A. Venereal Disease Control

The V.D.R.L. and the Fluorescent Treponemal Antibody Tests are currently being employed by this laboratory to aid the physician in the diagnosis of syphilis. The Fluorescent Antibody Test was developed in the laboratory during the past year to replace a less specific test and has subsequently been found to be a more accurate and reliable laboratory procedure for syphilis diagnosis.

TABLE I

#### NUMBER AND PERCENTAGE OF SYPHILIS SEROLOGY SPECIMENS EXAMINED BY SOURCE

	<u>Number</u>	<u>Percent</u>
San Francisco City Clinic and City Prison . . . . .	29,278	58.8%
San Francisco General Hospital . . . . .	8,365	16.8%
U.C. Hospital, O.P.D. . . . .	5,172	10.4%
Civil Service Commission . . . . .	3,095	6.2%
Private Physicians, Clinical Laboratories & Hospitals . . . . .	2,793	5.6%
Youth Guidance Center, Laguna Honda Hospital, Hassler Health Home, etc., . . . . .	1,126	2.2%
TOTAL	<u>49,849</u>	<u>100.0%</u>

Cultural, microscopic and drug susceptibility tests for gonorrhea were performed by the laboratory for the San Francisco City Clinic, Youth Guidance Center and other agencies. Use of a new and superior culture medium for the discovery of gonorrhea bacteria has been routinely used over the past year with great success.

Laboratory examinations in the field of Venereal Disease Control alone comprised over 60% of all examinations performed by the laboratory during the past year and required over 40% of total professional staff time.





## B. Tuberculosis Control

Microscopic, cultural and drug susceptibility testing services for tuberculosis were performed in the laboratory in support of the Division of Tuberculosis Control. Microscopic and cultural testing for tuberculosis bacteria increased over the preceding year.

During the last year, the tuberculosis section of the laboratory was able to move to a remodeled section of the laboratory. This remodeled working area will provide a safer working environment and allow sufficient room for carrying out our tuberculosis laboratory program.

TABLE II  
NUMBER AND PERCENTAGE OF TUBERCULOSIS SPECIMENS  
EXAMINED BY SOURCE

	<u>Number</u>	<u>Percent</u>
San Francisco Tuberculosis Survey (S.F. General Hospital Chest Clinic, Private Physicians, Clinical and Hospital Laboratories) . . . . .	4,569	51.0%
San Francisco General Hospital and Hassler Health Home . . . .	4,397	49.0%
	<hr/>	<hr/>
TOTAL	8,966	100%

## C. Other Communicable Disease Services

Laboratory services were also provided in other areas of communicable disease concern. These services included testing in parasitology, rabies, enteric bacteriology and in food poisoning outbreaks. The fluorescent antibody test for rabies was developed during the past year and now the laboratory diagnosis of this fatal disease requires only 24 hours in comparison to the 3 weeks previously required.

## SANITATION

### A. Dairy and Milk Services

The laboratory provides the Bureau of Dairy and Milk Inspection with the necessary testing services for various milk and milk products. These services include testing for the bacterial and antibiotic and content of milk.

### B. Housing and Sanitation Services

The laboratory provides services in the area of Housing and Sanitation for establishing the bacteriological quality of drinking, swimming pool and recreational water, cleanliness of restaurant eating utensils and the detection of harmful bacteria in food products. The number of examinations in water bacteriology increased by over 31% during the past year.



TABLE III

## LABORATORY EXAMINATIONS BY YEAR AND PROGRAM AREA

<u>COMMUNICABLE DISEASE CONTROL</u>	<u>1960-61</u>	<u>1961-62</u>	<u>1962-63</u>	<u>1963-64</u>	<u>1964-65</u>
Venereal Disease Control					
Syphilis	66,898	69,922	73,999	74,090	65,477
Gonorrhea	21,494	22,822	25,384	26,438	22,023
Tuberculosis Control					
Microscopic	8,430	7,083	7,413	7,672	8,000
Culture	9,898	8,709	8,696	8,823	8,931
Drug Susceptibility	299	343	447	481	451
Other					
Enteric	1,149	474	544	491	382
Parasitology	1,041	195	254	446	213
<u>SANITATION</u>					
Milk	30,845	28,334	28,674	28,801	25,870
Water	3,482	2,668	2,719	4,218	5,534
Food	3,225	778	779	583	540
<u>MISCELLANEOUS</u>	<u>562</u>	<u>3,269</u>	<u>3,153</u>	<u>2,072</u>	<u>1,898</u>
TOTAL EXAMINATIONS	147,401	144,617	152,062	153,949	139,319

TABLE IV

NUMBER AND PERCENTAGE OF TOTAL LABORATORY EXAMINATIONS  
BY PROGRAM AREA, 1964-1965

<u>COMMUNICABLE DISEASE CONTROL</u>	<u>Number</u>	<u>Percent</u>
Venereal Disease	87,500	62.8%
Tuberculosis	17,382	12.5%
Other (Parasitology, Enteric, etc.,)	595	0.4%
Total	105,477	75.7%
<u>SANITATION</u>		
Dairy and Milk	25,870	18.6%
Sanitation and Housing	7,359	5.3%
Water (5,534)		
Glass and Utensils (1,285)		
Food (540)		
Total	33,229	23.9%
<u>OTHER</u>		
Hassler Health Home, Central Emergency, etc.,	613	0.4%
TOTAL	<u>139,319</u>	<u>100.0%</u>



TABLE V

PERCENTAGE OF MICROBIOLOGIST  
TIME REQUIRED BY PROGRAM AREA

<u>COMMUNICABLE DISEASE CONTROL</u>	<u>Percent</u>
Venereal Disease	40%
Tuberculosis	30%
Other (Enteric Bacteriology, Parasitology, etc., )	10%
	<u>80%</u>
 <u>SANITATION</u>	
Dairy and Milk	15%
Sanitation and Housing	5%
	<u>20%</u>
	<u><u>TOTAL</u></u>
	<u>100%</u>

## PROBLEMS

The main problem confronting the laboratory is the recruitment of trained Microbiologists to fill vacant positions. There are not enough college graduates entering into the microbiology laboratory field to fill new openings created by California's expanding public health programs and to fill the vacancies of trained personnel leaving for higher paying positions in other fields. San Francisco must offer top pay scales to attract and hold qualified laboratory personnel.

## SERVICES TO BE DEVELOPED

FLUORESCENT ANTIBODY MICROSCOPY

Fluorescent antibody microscopy has been developed in this laboratory for the testing of rabies and syphilis. Other areas of fluorescent testing should be investigated to determine its value in gonorrhea, tuberculosis, diphtheria, whooping cough and other diseases.

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**References**

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## CHEMICAL LABORATORY

The function of the Chemical Laboratory is to perform chemical tests and analysis for the Inspection Division of the Department of Public Health, the Police Department, the California Highway Patrol, the Emergency Hospital Service, San Francisco General Hospital, San Francisco Water Department, School Department, Society for the Prevention of Cruelty to Animals, and other departments requesting these services to maintain the health and welfare of the people of San Francisco.

In addition to providing analytical services, the Chemical Laboratory also establishes proof in obtaining the conviction of suspected violators of the Health Regulations, and aids the official law enforcement agency in solving toxicological problems.

The Chemical Laboratory received a total of 7,695 samples and performed a total of 34,336 tests on these samples during the fiscal year 1964-1965. This was an increase of 228 samples and 1,951 tests over the previous year.

<u>GROUP</u>	<u>NO. OF SAMPLES</u>	<u>TESTS PERFORMED</u>
Ground meats	483	1589
Processed meats	370	3030
Stomach Contents	927	5115
Toxicological Specimens	760	4889
Waters	516	2719
Sobriety Tests	433	2171
Drugs	131	666
Miscellaneous foods; e.g. salvage foods, food poisonings, etc.	64	624
Miscellaneous other products; e.g. paints, chemicals, solutions, etc.	34	152
Air samples	1370	2296
Milk and milk products	2605	11085

### GROUND MEATS

This past fiscal year showed marked improvement in the quality of ground meat sold in San Francisco over 1963-64. Only 4 ground meat samples were found to contain sulfites, a preservative, as compared to 23 samples previous, and only 5 exceeded the legal limit of fat compared to 22 previous.

### PROCESSED MEATS

Manufacturers of processed meats, such as frankfurters, bologna, corned beef, hams, etc. continue to add more water in their products than law allows. 63 of the samples submitted for analysis contained too much water, a very inexpensive ingredient. 29 of the processed meat samples contained over the maximum quantity of nonfat dry milk and/or cereal permitted.

Pickling brines for corned beef, hams, etc. are now submitted routinely for the determination of nitrites, nitrates, and phosphates.

1. The first step in the process of identifying a problem is to determine the nature of the problem. This involves a thorough understanding of the situation and the factors that are contributing to the problem. Once the nature of the problem is understood, the next step is to identify the causes of the problem. This involves a detailed analysis of the situation and the factors that are contributing to the problem. Once the causes of the problem are identified, the next step is to develop a plan of action. This involves determining the steps that need to be taken to solve the problem and the resources that will be required to implement the plan. Once a plan of action has been developed, the next step is to implement the plan. This involves carrying out the steps that have been identified in the plan of action. Finally, the last step in the process is to evaluate the results of the plan. This involves determining whether the plan has been successful in solving the problem and whether any further action is required.

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1987-1988 1989-1990 1991-1992 1993-1994 1995-1996 1997-1998 1999-2000 2001-2002 2003-2004 2005-2006 2007-2008 2009-2010 2011-2012 2013-2014 2015-2016 2017-2018 2019-2020 2021-2022 2023-2024 2025-2026 2027-2028 2029-2030 2031-2032 2033-2034 2035-2036 2037-2038 2039-2040 2041-2042 2043-2044 2045-2046 2047-2048 2049-2050 2051-2052 2053-2054 2055-2056 2057-2058 2059-2060 2061-2062 2063-2064 2065-2066 2067-2068 2069-2070 2071-2072 2073-2074 2075-2076 2077-2078 2079-2080 2081-2082 2083-2084 2085-2086 2087-2088 2089-2090 2091-2092 2093-2094 2095-2096 2097-2098 2099-2100 2101-2102 2103-2104 2105-2106 2107-2108 2109-2110 2111-2112 2113-2114 2115-2116 2117-2118 2119-2120 2121-2122 2123-2124 2125-2126 2127-2128 2129-2130 2131-2132 2133-2134 2135-2136 2137-2138 2139-2140 2141-2142 2143-2144 2145-2146 2147-2148 2149-2150 2151-2152 2153-2154 2155-2156 2157-2158 2159-2160 2161-2162 2163-2164 2165-2166 2167-2168 2169-2170 2171-2172 2173-2174 2175-2176 2177-2178 2179-2180 2181-2182 2183-2184 2185-2186 2187-2188 2189-2190 2191-2192 2193-2194 2195-2196 2197-2198 2199-2200 2201-2202 2203-2204 2205-2206 2207-2208 2209-2210 2211-2212 2213-2214 2215-2216 2217-2218 2219-2220 2221-2222 2223-2224 2225-2226 2227-2228 2229-2230 2231-2232 2233-2234 2235-2236 2237-2238 2239-2240 2241-2242 2243-2244 2245-2246 2247-2248 2249-2250 2251-2252 2253-2254 2255-2256 2257-2258 2259-2260 2261-2262 2263-2264 2265-2266 2267-2268 2269-2270 2271-2272 2273-2274 2275-2276 2277-2278 2279-2280 2281-2282 2283-2284 2285-2286 2287-2288 2289-2290 2291-2292 2293-2294 2295-2296 2297-2298 2299-2300 2301-2302 2303-2304 2305-2306 2307-2308 2309-2310 2311-2312 2313-2314 2315-2316 2317-2318 2319-2320 2321-2322 2323-2324 2325-2326 2327-2328 2329-2330 2331-2332 2333-2334 2335-2336 2337-2338 2339-2340 2341-2342 2343-2344 2345-2346 2347-2348 2349-2350 2351-2352 2353-2354 2355-2356 2357-2358 2359-2360 2361-2362 2363-2364 2365-2366 2367-2368 2369-2370 2371-2372 2373-2374 2375-2376 2377-2378 2379-2380 2381-2382 2383-2384 2385-2386 2387-2388 2389-2390 2391-2392 2393-2394 2395-2396 2397-2398 2399-2400 2401-2402 2403-2404 2405-2406 2407-2408 2409-2410 2411-2412 2413-2414 2415-2416 2417-2418 2419-2420 2421-2422 2423-2424 2425-2426 2427-2428 2429-2430 2431-2432 2433-2434 2435-2436 2437-2438 2439-2440 2441-2442 2443-2444 2445-2446 2447-2448 2449-2450 2451-2452 2453-2454 2455-2456 2457-2458 2459-2460 2461-2462 2463-2464 2465-2466 2467-2468 2469-2470 2471-2472 2473-2474 2475-2476 2477-2478 2479-2480 2481-2482 2483-2484 2485-2486 2487-2488 2489-2490 2491-2492 2493-2494 2495-2496 2497-2498 2499-2500 2501-2502 2503-2504 2505-2506 2507-2508 2509-2510 2511-2512 2513-2514 2515-2516 2517-2518 2519-2520 2521-2522 2523-2524 2525-2526 2527-2528 2529-2530 2531-2532 2533-2534 2535-2536 2537-2538 2539-2540 2541-2542 2543-2544 2545-2546 2547-2548 2549-2550 2551-2552 2553-2554 2555-2556 2557-2558 2559-2560 2561-2562 2563-2564 2565-2566 2567-2568 2569-2570 2571-2572 2573-2574 2575-2576 2577-2578 2579-2580 2581-2582 2583-2584 2585-2586 2587-2588 2589-2590 2591-2592 2593-2594 2595-2596 2597-2598 2599-2600 2601-2602 2603-2604 2605-2606 2607-2608 2609-2610 2611-2612 2613-2614 2615-2616 2617-2618 2619-2620 2621-2622 2623-2624 2625-2626 2627-2628 2629-2630 2631-2632 2633-2634 2635-2636 2637-2638 2639-2640 2641-2642 2643-2644 2645-2646 2647-2648 2649-2650 2651-2652 2653-2654 2655-2656 2657-2658 2659-2660 2661-2662 2663-2664 2665-2666 2667-2668 2669-2670 2671-2672 2673-2674 2675-2676 2677-2678 2679-2680 2681-2682 2683-2684 2685-2686 2687-2688 2689-2690 2691-2692 2693-2694 2695-2696 2697-2698 2699-2700 2701-2702 2703-2704 2705-2706 2707-2708 2709-2710 2711-2712 2713-2714 2715-2716 2717-2718 2719-2720 2721-2722 2723-2724 2725-2726 2727-2728 2729-2730 2731-2732 2733-2734 2735-2736 2737-2738 2739-2740 2741-2742 2743-2744 2745-2746 2747-2748 2749-2750 2751-2752 2753-2754 2755-2756 2757-2758 2759-2760 2761-2762 2763-2764 2765-2766 2767-2768 2769-2770 2771-2772 2773-2774 2775-2776 2777-2778 2779-2780 2781-2782 2783-2784 2785-2786 2787-2788 2789-2790 2791-2792 2793-2794 2795-2796 2797-2798 2799-2800 2801-2802 2803-2804 2805

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1. The first step in the process of identifying a problem is to define the problem. This involves identifying the symptoms of the problem and determining the scope of the problem. Once the problem has been defined, the next step is to identify the causes of the problem. This involves identifying the factors that are contributing to the problem and determining the underlying causes. Once the causes have been identified, the next step is to develop a plan to address the problem. This involves identifying the actions that need to be taken to address the problem and determining the resources that will be needed to implement the plan. Finally, the last step in the process is to implement the plan and monitor the results. This involves putting the plan into action and tracking the progress of the plan to ensure that the problem is being addressed effectively.

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1. The first step in the process of the investigation is the identification of the problem. This is done by the investigator who is responsible for the study. The investigator must first identify the problem and then determine the scope of the problem. The next step is to determine the objectives of the study. The investigator must determine what he or she wants to achieve by the study. The third step is to determine the methods of the study. The investigator must determine what methods he or she will use to collect data and analyze it. The fourth step is to collect data. The investigator must collect data from the subjects of the study. The fifth step is to analyze the data. The investigator must analyze the data to determine the results of the study. The sixth step is to draw conclusions. The investigator must draw conclusions from the results of the study. The seventh step is to report the results. The investigator must report the results of the study to the appropriate authorities. The eighth step is to evaluate the study. The investigator must evaluate the study to determine its value and to determine if it should be repeated. The ninth step is to disseminate the results. The investigator must disseminate the results of the study to the appropriate authorities. The tenth step is to maintain the results. The investigator must maintain the results of the study for future reference.

101-102-103-104-105-106-107-108-109-110-111-112-113-114-115-116-117-118-119-120-121-122-123-124-125-126-127-128-129-130-131-132-133-134-135-136-137-138-139-140-141-142-143-144-145-146-147-148-149-150-151-152-153-154-155-156-157-158-159-160-161-162-163-164-165-166-167-168-169-170-171-172-173-174-175-176-177-178-179-180-181-182-183-184-185-186-187-188-189-190-191-192-193-194-195-196-197-198-199-200-201-202-203-204-205-206-207-208-209-210-211-212-213-214-215-216-217-218-219-220-221-222-223-224-225-226-227-228-229-230-231-232-233-234-235-236-237-238-239-240-241-242-243-244-245-246-247-248-249-250-251-252-253-254-255-256-257-258-259-260-261-262-263-264-265-266-267-268-269-270-271-272-273-274-275-276-277-278-279-280-281-282-283-284-285-286-287-288-289-290-291-292-293-294-295-296-297-298-299-300-301-302-303-304-305-306-307-308-309-310-311-312-313-314-315-316-317-318-319-320-321-322-323-324-325-326-327-328-329-330-331-332-333-334-335-336-337-338-339-340-341-342-343-344-345-346-347-348-349-350-351-352-353-354-355-356-357-358-359-360-361-362-363-364-365-366-367-368-369-370-371-372-373-374-375-376-377-378-379-380-381-382-383-384-385-386-387-388-389-390-391-392-393-394-395-396-397-398-399-400-401-402-403-404-405-406-407-408-409-410-411-412-413-414-415-416-417-418-419-420-421-422-423-424-425-426-427-428-429-430-431-432-433-434-435-436-437-438-439-440-441-442-443-444-445-446-447-448-449-450-451-452-453-454-455-456-457-458-459-460-461-462-463-464-465-466-467-468-469-470-471-472-473-474-475-476-477-478-479-480-481-482-483-484-485-486-487-488-489-490-491-492-493-494-495-496-497-498-499-500-501-502-503-504-505-506-507-508-509-510-511-512-513-514-515-516-517-518-519-520-521-522-523-524-525-526-527-528-529-530-531-532-533-534-535-536-537-538-539-540-541-542-543-544-545-546-547-548-549-550-551-552-553-554-555-556-557-558-559-560-561-562-563-564-565-566-567-568-569-570-571-572-573-574-575-576-577-578-579-580-581-582-583-584-585-586-587-588-589-590-591-592-593-594-595-596-597-598-599-600-601-602-603-604-605-606-607-608-609-610-611-612-613-614-615-616-617-618-619-620-621-622-623-624-625-626-627-628-629-630-631-632-633-634-635-636-637-638-639-640-641-642-643-644-645-646-647-648-649-650-651-652-653-654-655-656-657-658-659-660-661-662-663-664-665-666-667-668-669-670-671-672-673-674-675-676-677-678-679-680-681-682-683-684-685-686-687-688-689-690-691-692-693-694-695-696-697-698-699-700-701-702-703-704-705-706-707-708-709-710-711-712-713-714-715-716-717-718-719-720-721-722-723-724-725-726-727-728-729-730-731-732-733-734-735-736-737-738-739-740-741-742-743-744-745-746-747-748-749-750-751-752-753-754-755-756-757-758-759-760-761-762-763-764-765-766-767-768-769-770-771-772-773-774-775-776-777-778-779-780-781-782-783-784-785-786-787-788-789-790-791-792-793-794-795-796-797-798-799-800-801-802-803-804-805-806-807-808-809-810-811-812-813-814-815-816-817-818-819-820-821-822-823-824-825-826-827-828-829-830-831-832-833-834-835-836-837-838-839-840-841-842-843-844-845-846-847-848-849-850-851-852-853-854-855-856-857-858-859-860-861-862-863-864-865-866-867-868-869-870-871-872-873-874-875-876-877-878-879-880-881-882-883-884-885-886-887-888-889-890-891-892-893-894-895-896-897-898-899-900-901-902-903-904-905-906-907-908-909-910-911-912-913-914-915-916-917-918-919-920-921-922-923-924-925-926-927-928-929-930-931-932-933-934-935-936-937-938-939-940-941-942-943-944-945-946-947-948-949-950-951-952-953-954-955-956-957-958-959-960-961-962-963-964-965-966-967-968-969-970-971-972-973-974-975-976-977-978-979-980-981-982-983-984-985-986-987-988-989-990-991-992-993-994-995-996-997-998-999-1000-1001-1002-1003-1004-1005-1006-1007-1008-1009-1010-1011-1012-1013-1014-1015-1016-1017-1018-1019-1020-1021-1022-1023-1024-1025-1026-1027-1028-1029-1030-1031-1032-1033-1034-1035-1036-1037-1038-1039-1040-1041-1042-1043-1044-1045-1046-1047-1048-1049-1050-1051-1052-1053-1054-1055-1056-1057-1058-1059-1060-1061-1062-1063-1064-1065-1066-1067-1068-1069-1070-1071-1072-1073-1074-1075-1076-1077-1078-1079-1080-1081-1082-1083-1084-1085-1086-1087-1088-1089-1090-1091-1092-1093-1094-1095-1096-1097-1098-109



Stomach contents (gastric washings) are submitted by the Emergency Hospitals from cases involving the ingestion of poisons taken accidentally or with suicidal intent. There were 511 positive toxic ingestions the last fiscal year. Aspirin was first with 218, barbiturates next with 109, and meprobamate third with 30. The major number of aspirin ingestions were children under 3 years of age. Miscellaneous drugs and household hazards made up the balance of toxic ingestions.

Toxicology, the science which treats with poisons, their antidotes, etc., has become a large factor in the program of the Chemical Laboratory due to ever-increasing demands by the doctors at San Francisco General Hospital. As the laboratory increases its scope for identifying and quantitating new drugs in biological fluids, the doctors submit more specimens and request more information to assist in diagnosis. Spectrophotometry, crystallography, paper chromatography, etc., has enabled this laboratory to give this service. There was a 71% increase in the number of samples submitted.

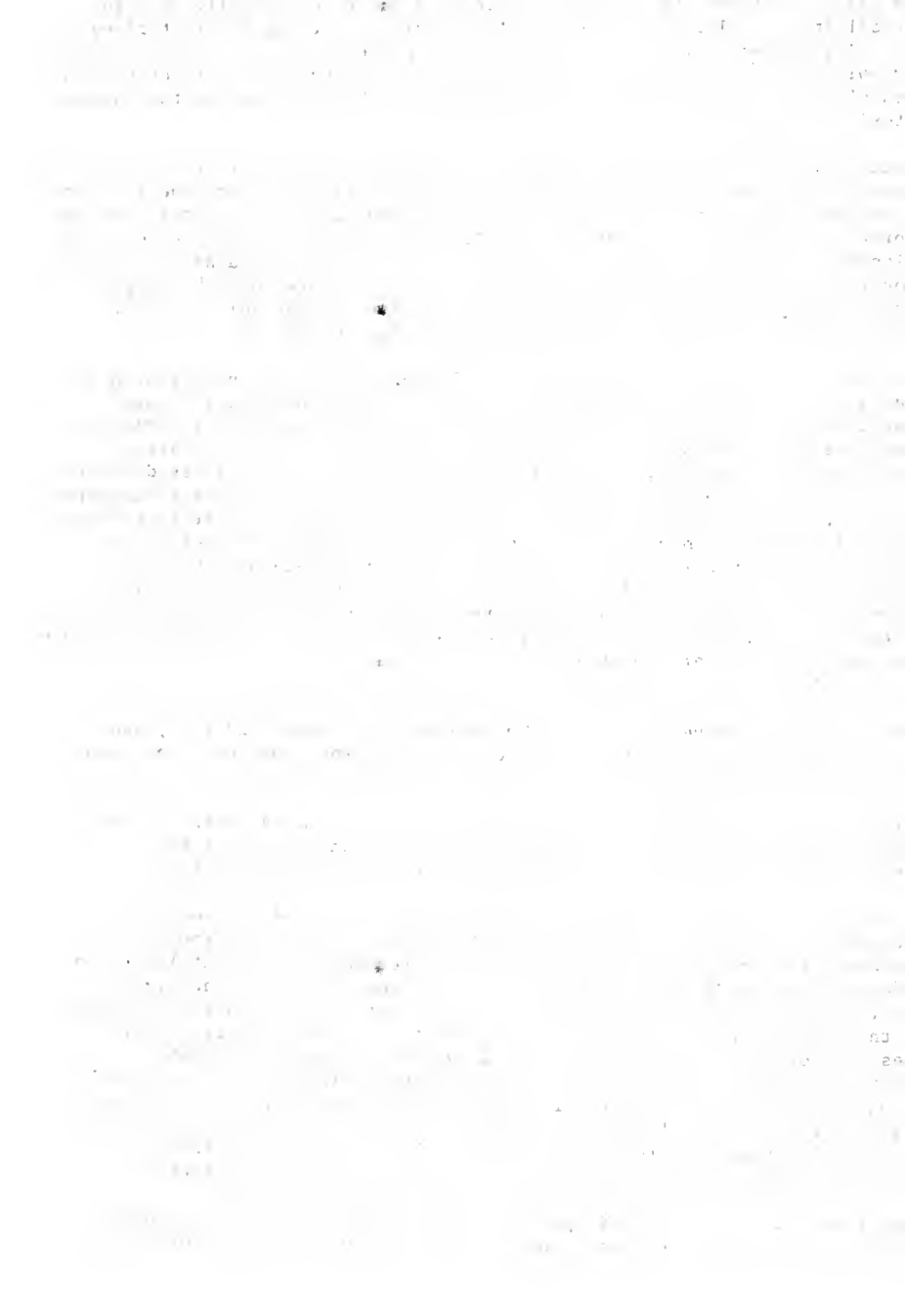
This past year the Chemical Laboratory collaborated with Frank Gotch, M.D., Renal and Electrolyte Division, San Francisco General Hospital, in his research on the treatment of poisoning with osmotic diuresis using Mannitol on patients in deep coma due to overdose of drugs; e.g., barbiturates, doriden, chloral hydrate, etc. This method replaces the hemolysis diuresis or kidney machine in eliminating drugs from blood. This laboratory assisted by identifying and quantitating the drug or drugs ingested first in the gastric lavage if available then in the blood, spinal fluid and urine before and during osmotic diuresis. This enabled the doctor to determine whether osmotic diuresis was needed, how efficiently the drug was being eliminated and how soon diuresis could be terminated. This method of treatment has shortened the time of unconsciousness of patient, thereby preventing possible brain damage and other complications, and in many cases saving the life of the patient.

Methods were also developed for the quantitation of Isoniazid (INH) and Para Aminosalicilic Acid (PAS) in blood of tuberculosis patients receiving these drugs therapeutically.

Sobriety tests are samples of blood submitted by the San Francisco Police Department and the California Highway Patrol for the quantitative determination of alcohol in accident cases involving drunk driving.

The Chemical Laboratory this past fiscal year inaugurated a more comprehensive chemical study of the waters being consumed in San Francisco. Each week, the Inspection Division submits water samples from at least ten different sampling points in San Francisco. These waters are analyzed first, for the fluoride content (added to the water by the Water Department for the prevention of dental caries) to maintain a safe quantity at all times. Secondly, for the presence of alkyl benzene sulfonate (ABS) a synthetic non-biodegradable detergent for general cleaning purposes which has on occasion resulted in the frothing of some water supplies denoting sewage contamination. "ABS" has not been found in any of the hundreds of water samples submitted to date. Residual chlorine, pH, alkalinity, chlorides hardness, copper iron, etc., are also determined routinely.

Water from a drinking fountain passing through copper piping in a public building in San Francisco was found to contain a toxic quantity of copper



due to galvanic action between copper and other metals. The Chemical Laboratory assisted the Inspection Division of the Department of Public Health in correcting this situation.

Water was detected in 62 samples of milk submitted for analysis. Most of the milk was raw from producers in the country who added the water by accident or with the deliberate attempt to increase bulk of milk. The balance of adulterated milk samples were pasteurized milk distributed and sold in San Francisco. These were traced to poor operational procedures in the milk plants by the Division of Dairy and Milk Inspection.

#### FUTURE PLANS

Utilize the new Gas Chromatograph instrument that was approved in the last budget to determine ethyl alcohol in blood sobrieties; analyze foods, etc. for the presence of micro quantities of chlorinated hydrocarbon pesticides which the laboratory has previously been unable to do; qualitate and quantitate drugs more specifically.

Continue research of new methods, utilizing the spectrophotometer, paper chromatography, and crystallography to increase the number of new drugs that may be identified and quantitated in toxicological specimens.

Work with the Bureau of Disease Control in resolving industrial hygiene problems in San Francisco by chemical analysis of carbon monoxide, lead, arsenic and other environmental sanitation measurements when the program is inaugurated.

[illegible]

## NALLINE CLINIC

The Nalline Clinic was started on July 15, 1959 on the combined efforts of the San Francisco Department of Public Health and the San Francisco Police Department. The proper name should be "Narcotic Testing Center," but "Nalline Clinic" is the commonly used term. Its purpose is to examine and test any person who is a suspect user of narcotic drugs, either past or present.

The objectives of this clinic are two-fold: 1, to scientifically determine if a subject person has a narcotic drug in his system at the time of the test, and 2, to induce ex-addicts to keep themselves away from narcotic usage, and prove themselves "clean".

### RELATIONSHIPS

The Nalline Clinic operates as a specialty clinic under the Director of Public Health, employing one physician on a part-time basis. The clinic clerical work is accomplished by members of the Police Department Narcotic Detail. Probation and Parole Officers are usually present also. The clinic is operated in a reserve morgue room in the basement of the Hall of Justice.

Clinical supplies are provided by the Health Department. Central Emergency Hospital supplies sterilization and a minimal amount of linen.

### PROGRAM

The present program is the same as at the clinic's inception six years ago. In 1964 calendar year, 6179 tests were accomplished. The total for the 6-year period through July 15, 1965 are 31,500 tests on 1815 individuals.

Its effective results are difficult to evaluate. There have been many addicts confirmed by the medical test, and then appropriate disposition taken by the courts. Its biggest value has been in the preventative field for persons on probation and parole; persons who must prove themselves to be clean weekly, monthly, or on surprise visits as directed by their respective Probation or Parole Officer. There have been many disappointments as well in individuals who have reverted to narcotic usage, but the clinic has been very instrumental in discovering these persons early in their re-addiction problems.

### EQUIPMENT

The equipment is necessarily simple and adequate. Nothing new is needed.

### PROBLEMS

No problems at present, nor are there any anticipated.



## BUREAU OF DAIRY AND MILK INSPECTION

### PURPOSE

The function of the Bureau of Dairy and Milk Inspection is to enforce the rules and regulations of the City and County of San Francisco and the California State Department of Agriculture pertaining to the production, processing, and handling of fluid market milk and milk products. The enforcement of these regulations insures the consumer of a safe and wholesome product.

### DAIRY FARM INSPECTION

Under the district dairy farm inspection provision of the Agricultural Code, this bureau supervised the production of milk that was produced on 648 dairy farms. Regulatory supervision on dairy farms covers construction of dairy buildings, installation of equipment, sanitary production and handling of milk, control of water supply, and control of the use of antibiotics and pesticides. In addition to routine inspection, samples of milk are taken at the dairy farm and submitted to the San Francisco Public Health Microbiological Laboratory and the Chemical Laboratory for analysis to determine the quality of the raw milk. This bureau utilizes the services of five laboratories located in outside areas.

### PROCESSING PLANT INSPECTION

The Bureau of Dairy and Milk Inspection supervises the processing of fluid milk and milk products in seventeen processing plants. Regulatory supervision in these plants covers the sanitary construction of buildings, installation of equipment, and sanitary processing and handling of the products. Samples of the raw and pasteurized products are taken at the plant and submitted to the microbiological laboratory and chemical laboratory for analysis to determine the quality of the products. Table No. 4 outlines the daily distribution of the fluid milk products in San Francisco.

### TYPES AND NUMBER OF INSPECTIONS MADE

TABLE NO. 1

Listed below are the types and number of inspections made by the staff during the fiscal year 1964-65:

Dairy Farms	14,010
Skimming and Cooling Stations	1,267
Pasteurizing Plants	2,024
Groceries, Delicatessens and	
Public Eating Places	1,471
Cheese, Butter and Ice Cream	
Factories	77
Miscellaneous	142
Complaints	27

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Total Inspections	19,018
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NUMBER OF SAMPLES TAKEN FOR ANALYSIS

TABLE NO. 2

Listed below are the number of samples of milk, cream and milk products, and waters taken for chemical and bacteria analysis:

Dairy Farms (Raw Product)	13,833
Pasteurizing Plants (Raw Product)	6,982
Pasteurizing Plants (Pasteurized Product)	4,283
Groceries, Delicatessens, Public	
Eating Places (Pasteurized Product)	1,525
Sediment Determination	9,709
Rinses and Swabs	1,112
Water Supplies	183
California Mastitis Test	2,725

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Total Samples	40,352
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QUALITY OF MILK AND MILK PRODUCTS

Outlined below is the quality of milk and milk products analysed: TABLE NO. 3

	<u>Percent Milk Fat</u>	<u>Solids Not Fat</u>	<u>Bacteriological Colonies per Milliliter</u>
Grade A raw milk received from Producers for Pasteurization	-	-	9,000
Bulk Tankers of Grade A raw milk received at Pasteurizing Plants	-	-	13,000
Grade A raw cream as received for pasteurization	-	-	11,000
Grade A raw skim milk for pasteurization	-	-	14,000
Grade A pasteurized milk taken at Pasteurizing Plants	3.75	8.82	300
Grade A pasteurized milk taken from groceries, delicatessens hotels and restaurants	3.69	8.76	800
Grade A pasteurized whipping cream	36.95	-	400
Grade A pasteurized table cream	20.63	-	800



	<u>Percent Milk Fat</u>	<u>Solids Not Fat</u>	<u>Bacteriological Colonies per Milliliter</u>
Half and Half Pasteurized	12.14	-	400
Pasteurized Skim Milk (Non-Fat)	-	-	300
Flavored Milk Drinks	3.64	-	500
Concentrated Milk Pasteurized	10.48	25.57	400
Ice Cream	11.78	-	1,000
Ice Milk	4.36	-	1,000
Ices and Sherbets	2.18	-	400
Pasteurized Low Fat Milk	2.03	10.06	300

During the year 86,810 gallons of milk were degraded and 2,940 gallons were condemned.

DAILY DISPOSITION OF FLUID MILK PRODUCTS IN  
SAN FRANCISCO DURING CALENDAR YEAR, 1964

TABLE NO. 4

	<u>Past In S.F. Gal</u>	<u>Past. In S.F. sold else where (Gal)</u>	<u>Bal- ance sold in S.F. (Gal)</u>	<u>Past, else- where and sold in S. F. (Gal)</u>	<u>Total Daily Sales S.F. 1964 (Gal)</u>	<u>Total Daily Sales S.F. 1963 (Gal)</u>	<u>Inc. Dec. 1964 (Gal)</u>	<u>Inc. Dec. 1964 (Gal)</u>	<u>Con sump- tion Cap- ita Pints</u>
Market Milk	117,213	64,175	53,038	6,766	59,804	67,943	-8,139	-11.98	.633
Half & Half	4,819	1,894	2,925	263	3,188	3,559	-371	-10.42	.034
Cream	808	312	496	41	537	622	-85	-13.66	.0057
Non Fat	5,975	3,276	2,699	524	3,223	2,863	360	11.16	.0341
Buttermilk	3,066	1,913	1,153	249	1,402	1,269	133	9.49	.0014
Flavored Milk Drinks	2,315	1,070	1,245	208	1,453	1,306	147	10.11	.0154

Based on Population of 755,700

1. The first part of the document is a letter from the President of the United States to the Congress, dated January 1, 1861. It is a very important document, as it sets out the President's policy for the new year. The President states that he is pleased to see the Congress assembled, and that he is confident that the country is in a good position to meet the challenges of the future. He also mentions the recent election of Abraham Lincoln as President, and expresses his confidence in the new administration.

2. The second part of the document is a report from the Secretary of the Treasury, dated January 1, 1861. It provides a detailed account of the financial state of the country at the beginning of the year. The report shows that the country is in a sound financial position, with a strong and stable currency. It also mentions the recent increase in the national debt, and expresses the Secretary's confidence that the country will be able to manage the debt effectively.

3. The third part of the document is a report from the Secretary of the Interior, dated January 1, 1861. It provides a detailed account of the state of the country's natural resources, including land, minerals, and water. The report shows that the country has a vast and rich natural resource base, and that the government is committed to managing these resources wisely for the benefit of the people.

4. The fourth part of the document is a report from the Secretary of the Navy, dated January 1, 1861. It provides a detailed account of the state of the country's naval forces, including the number of ships, the quality of the crew, and the readiness of the fleet. The report shows that the country has a strong and modern naval force, and that the government is committed to maintaining the fleet at a high level of readiness.

5. The fifth part of the document is a report from the Secretary of the War, dated January 1, 1861. It provides a detailed account of the state of the country's military forces, including the number of troops, the quality of the equipment, and the readiness of the army. The report shows that the country has a strong and modern military force, and that the government is committed to maintaining the army at a high level of readiness.

6. The sixth part of the document is a report from the Secretary of the State, dated January 1, 1861. It provides a detailed account of the state of the country's foreign relations, including the status of the country's diplomatic corps, the results of recent negotiations, and the country's position in the world. The report shows that the country has a strong and active foreign policy, and that the government is committed to maintaining the country's position as a leading power in the world.

7. The seventh part of the document is a report from the Secretary of the Education, dated January 1, 1861. It provides a detailed account of the state of the country's educational system, including the number of schools, the quality of the teachers, and the results of recent examinations. The report shows that the country has a strong and modern educational system, and that the government is committed to maintaining the system at a high level of quality.

8. The eighth part of the document is a report from the Secretary of the Agriculture, dated January 1, 1861. It provides a detailed account of the state of the country's agricultural sector, including the production of major crops, the status of the livestock industry, and the results of recent weather conditions. The report shows that the country has a strong and productive agricultural sector, and that the government is committed to maintaining the sector at a high level of productivity.

9. The ninth part of the document is a report from the Secretary of the Commerce, dated January 1, 1861. It provides a detailed account of the state of the country's commercial sector, including the volume of trade, the status of the shipping industry, and the results of recent economic conditions. The report shows that the country has a strong and active commercial sector, and that the government is committed to maintaining the sector at a high level of activity.

10. The tenth part of the document is a report from the Secretary of the Finance, dated January 1, 1861. It provides a detailed account of the state of the country's financial sector, including the volume of banking, the status of the stock market, and the results of recent financial conditions. The report shows that the country has a strong and active financial sector, and that the government is committed to maintaining the sector at a high level of activity.

## BUREAU OF MATERNAL AND CHILD HEALTH

The Bureau of Maternal and Child Health is responsible for the operation of the following services: Maternal Health Services, Child Health Conferences, Immunization Centers, Crippled Children Services Program, Diagnostic Centers for Visual, Hearing and Cardiac problems, School Health Services and the Dental Health Program. The administrative personnel of the Bureau maintains close liaison with various community agencies, both public and private. This results in better planning for programs relating to mothers and children of San Francisco. Unmet needs, both old and new, can better be resolved by close community relations and the community is also kept informed about the activities of the Health Department. The physicians and other professional personnel of the Bureau work at all times closely with the Bureau of Public Health Nursing since the public health nurses actively carry out most MCH services to the clients.

### MATERNAL HEALTH AND CLASSES FOR EXPECTANT PARENTS

During the year 1965, there were 1966 deliveries at San Francisco General Hospital. This was a small increase of 61 deliveries as compared with 1963. Live birth totalled 1941. Of all live births 13.4% were premature. This figure is slightly higher than last year's percentage of 12.7% prematures, and much higher than the rate in the city as a whole (8.2%). Nearly 27% of all mothers delivering at San Francisco General Hospital were 19 years of age or under. There were 2 maternal deaths; one due to a jump from a burning building and the other due to cardiac failure 9 days postpartum.

As in the past, two of our Public Health nurses were attached to the Maternity Clinic at San Francisco General Hospital doing the necessary liaison and follow-up work for the Districts. These nurses do similar liaison work for the pediatric out-patients and in-patients cared for at San Francisco General Hospital. Since February, 1965, certain patients considered to be at a higher risk of developing prenatal complications or delivering abnormal infants have been separated and seen at a special "High Risk Clinic" at San Francisco General Hospital. The MCH Nursing Supervisor and MCH Nutrition Consultant have actively participated in these clinics.

Classes for expectant parents have continued at Marina-Richmond, North East and Mission Health Centers. The course at Mission Health Center is continued after the women deliver and has become a "Young Mothers Group."

### CHILD HEALTH CONFERENCES AND IMMUNIZATION CENTERS

The Child Health Conference is designed to provide well-child supervision of infants and pre-school age children. This includes periodic physical examinations, appropriate immunizations, certain screening procedures, as well as anticipatory guidance and parental counseling.



The physician staffing the clinic, the public health nurse at the clinic and the public health nurse in the district, all work together closely to give maximum service to the client.

The Health Department conducts 36 Child Health Conferences a week in 19 different locations throughout the city in order to bring the services closer to the people. During the fiscal year 1964-65, there were a total of 32,335 patient visits, and a total of 13,205 individual children were seen. The average attendance per session was to 17.6 children. This is a good average and allows the staff to give quality service.

During June of 1965, special clinics were set up to examine some of the preschoolers who enrolled in Project Goodstart sponsored by the Economic Opportunity Council. MCH administration has continued to supervise the medical aspects of this program. The function of the Immunization Centers, open to children through school age, is to insure an adequate level of immunity against certain communicable diseases. These preventive services are offered to those school children who are unable to obtain them from private sources because of marginal parental income. In addition to immunizations against diphtheria, whooping cough, tetanus, smallpox, measles and polio, we also offer tuberculin skin testing, which is especially important for recent immigrants to San Francisco from various countries with a high incidence of tuberculosis. Since June, 1964, measles vaccine has been offered to children within the age group from 9 months to 3 years and this was extended to 5 years of age on July 1, 1965.

#### CRIPPLED CHILDREN SERVICES

The Crippled Children Services program was implemented nationally in 1935 through the Social Security Act. It is an entirely tax-supported program through Federal, State and local taxes and in San Francisco is administered independently by the Department of Public Health. However, all fees are negotiated on a state-wide basis by the State Department of Public Health. The purpose of the program is to provide specialized medical care and rehabilitation services to handicapped children from birth to twenty-one years of age. This care is rendered by private practitioners of medicine. Through the use of these funds, handicapped children are helped to attain the maximum of their potential and to reach maturity with the prospect of a happier and more productive life. Many of these children have become useful and taxpaying citizens.

Diagnostic Services for suspected eligible conditions are available to any child regardless of family income. Before necessary treatment is instituted, the medical social workers assigned to the program evaluate financial eligibility and acceptance depends on projected costs of care, size of family and other obligations. When possible, the family participates by contributing up to their ability to the expenditure. The clerical staff handling the authorizations providing medical care, hospitalization and other necessary services, assumes full responsibility and receives the necessary consultation from the Medical Consultant and the Administrator. For this reason it is most





important that our staff remain stable, have a knowledge of medical terminology and be capable of interpreting fee schedules in relation to services rendered to the child. Close liaison between the Crippled Children Services' office and each District Health Center is maintained constantly, since the public health nurses in the field are also following these children carefully. Medical social planning for many individual children is done with the help of various other agencies, and the professional staff of the program attends many meetings, maintaining an elaborate network of communication with other agencies. This also serves and helps to provide a broader understanding of the program within the community and establishes good relationships with the other community agencies with which we must work. The professional staff of Crippled Children Services, by serving on the Admissions Committee of the various schools for the handicapped in San Francisco, is able to coordinate all services for these children more effectively, since a majority of them are served by the program.

#### EAR, EYE, AND CARDIAC DIAGNOSTIC CENTERS

These screening centers provide more definite diagnostic services for children with a suspected handicap in any one of these three named areas. Children are referred through private physicians, Health Department physicians, public health nurses, vision screening technicians and audiometrists or parents. Depending on the outcome of the examination, and any need for observation or further medical care, parents are assisted in either obtaining private care or if eligible, are referred to Crippled Children Services.

##### EAR CENTER

In 1964/65 41,556 individual children had audiometric testing. They received a total of 44,840 tests. Three audiometrists are testing the 2nd, 4th, 6th and 9th graders routinely, and all children new to San Francisco or having signs or symptoms of diminished hearing. Of the 1,721 (2.5%) children whose hearing was not normal, the otologist saw 854 (49.6%) at the Ear Center. Of those examined at the Ear Center, 161 had a conductive hearing loss, 399 a perceptive hearing loss, 163 had the diagnosis deferred and 131 could be considered normal.

##### EYE CENTER

The two vision-screening technicians who serve the large public schools and public health nurses screen all school children at the 1st, 3rd, 7th and 10th grade levels, as well as those with signs or symptoms of eye disease and those new to San Francisco at any grade level. In 1964/65, the technicians screened a total of 20,769 children (23,895 tests) and the public health nurses screened a total of 23,431 children (27,395 tests). In all, 44,200 children received a total of 51,290 tests.

The ophthalmologist at the Eye Center examined 2,853 children who did not pass the Snellen Test. Of those seen at Eye Center, 2,208 showed refractive errors, 198 had strabismus, 38 had amblyopia, 4 had some external ocular disease, 35 a variety of miscellaneous diagnoses and 363 could be considered normal.

1. The first part of the document discusses the importance of maintaining accurate records of all transactions.

2. It then goes on to describe the various methods used to collect and analyze data, including interviews, surveys, and focus groups.

3. The next section details the results of the research, highlighting the key findings and their implications for practice.

4. Finally, the document concludes with a series of recommendations for future research and for the implementation of the findings.

5. The overall goal of this research is to provide a comprehensive understanding of the factors that influence the success of various interventions.

6. The data collected from the various sources are presented in a series of tables and figures, which are discussed in detail in the following sections.

7. The results of the research suggest that there are a number of key factors that are associated with successful outcomes, including the quality of the intervention and the level of engagement of the participants.

8. Based on these findings, a number of recommendations are made for the design and implementation of future interventions, including the need to tailor the intervention to the specific needs of the target population.

9. The document also includes a series of appendices, which provide additional information on the research methods and the data collected.

10. In conclusion, this research provides a valuable contribution to the understanding of the factors that influence the success of various interventions, and offers a number of practical recommendations for the design and implementation of future interventions.

### CARDIAC CENTER

During fiscal 1964/65, a total of 234 cardiac examinations were made. In addition to a thorough physical examination, a chest film and an EKG are done in order to help the Pediatric Cardiologist evaluate the patient.

Of the 113 new children seen, 22 were found to have an organic cardiac lesion, 20 were kept under observation, while 47 were diagnosed as having purely functional murmurs and 22 were considered non-cardiacs.

As in the past, the Cardiac Center is responsible for the distribution of oral penicillin to all youngsters with a history of rheumatic fever who are carried by the Crippled Children Services program. The Cardiac Registry of rheumatic fever cases is being continued and is useful in the long-term follow-up of most of these cases.

### SCHOOL HEALTH SERVICES

The aim of the School Health Services is to assure that each child attending school attains maximum benefit from the educational process. Any handicap, whether physical or emotional, will prevent this. These services are available to all school children in San Francisco. In school year 1964/65, the physicians of the Department of Public Health, examined a total of 21,436 children. These same physicians are also active in the individual schools giving group talks, consulting with school personnel and discussing individual children in conferences. As in the past, we are urging parents to have their children regularly checked by the family physician. During this last school year, 20,940 children have been examined by their own physician. Screening programs to detect vision and hearing defects as described earlier, constitute an integral part of the School Health Program.

Tuberculin skin testing continues and during the school year 1963/64 40,559 students were tested. Of these, 1,047 (2.9%) reacted positively. (These figures are one year behind the other statistics). By testing our school population, a total of 17 cases of active tuberculosis were found; ten among the students and seven in their immediate families.

Procedures and policies concerning the operation of the School Health Program are determined through the Central Health Committee. Representatives of the Unified School District, the Archdiocese and the Department of Public Health participate in regular monthly meetings of this committee throughout the school year. All community groups interested in School Health Services or Health Education of school children are encouraged to bring problems and suggestions to the attention of the Central Health Committee for their consideration.

the same time, the *Journal of the American Medical Association* (JAMA) published a letter to the editor from a physician in the same hospital, who stated that the patient had been treated for a long time and that the physician was not sure of the diagnosis.

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## DIVISION OF DENTAL HEALTH

The Division of Dental Health is part of the Bureau of Maternal and Child Health.

The following programs are existent:

(1) Care Program: Children through the age of eight years are eligible to have topical fluoride applications, fillings, extractions, and other necessary work done. Those children past the age limit can have emergency extractions only.

(2) Educational Program: Dental hygienists carry on instructional activities, demonstration projects, and do dental inspections in the schools to promote good oral hygiene. Some of these projects are supported by the San Francisco Dental Society. In the afternoons, the dental hygienists perform oral prophylaxis and topical applications of stannous fluoride.

During the fiscal year 1964/65, the following services were performed:

Patient visits	15,583	Schools visited	199
Silver and porcelain fillings	20,298	Parent-Nurse-Teacher Conference	1,220
Extractions	2,129	Snyder Test performed	542
Other Treatments	11,009	Topical Fluoride Treatments	1,053
X-Rays	6,355	Prophylaxis	2,626

## ON-THE-JOB TRAINING - SAN FRANCISCO CITY COLLEGE

Public Health Department Dental Clinics serve as on-the-job training sites for the dental assistants attending school there. This program has been very satisfactory in that our dentists have had chairside assistance which increases their productivity. In some phases of dentistry where it is mandatory to have help as with extractions and patient management problems, it would have been impossible to work without them.

CARIES ACTIVITY TEST: 542 caries activity tests were performed. This is a bio-chemical test that measures the amount of acid production that occurs in a caries susceptible individual. This test requires the active participation of the student and is most impressive as an educational process. Through the generous cooperation of the San Francisco Dental Society, this program has been expanded over previous years due to their financial support in the form of necessary equipment, supplies and additional visual aids. The staff of the Dental Division has had numerous requests for demonstrations and literature on the way this caries activity test is performed. It has been shown to dental auxiliaries, health education classes, and other health departments.

The first part of the paper discusses the importance of the research and the objectives of the study. It also provides a brief overview of the methodology used in the study.

The second part of the paper presents the results of the study. It includes a detailed analysis of the data and a discussion of the findings. The results show that there is a significant correlation between the variables studied.

EUREKA-NOE HEALTH CENTER: This new health center will have a working area for the dental hygienists to make posters, displays, and other educational projects. We are eagerly looking forward to moving into this health center and developing a better pre-school program. We anticipate more programming at the "grass roots" level as the district health concept develops.

FUTURE PLANS - FLUORIDATION SURVEY: In the spring of 1966 it is anticipated that the post-fluoridation survey will be conducted. Residency screening forms, examination cards, and tabulation sheets are currently being developed. The survey will be conducted with assistance from the U.S. Public Health Service.

CHRONIC DISEASE: San Francisco with its proportionately higher percentage of chronically ill and aged will require more attention to the dental needs of this group. As a result of a previously-conducted survey, the needs of this group have been determined.

The Dental Division has portable dental equipment available for demonstration and loan to staff members. This equipment has been shown before dental fraternal groups and the senior class of the College of Dentistry of the University of the Pacific. The possibility of developing a teaching program in conjunction with the dental college is being explored. This would involve dental students using portable equipment on home-bound and chronically ill patients that are a responsibility of the Health Department.





SELECTED        STATISTICS

BUREAU OF MATERNAL AND CHILD HEALTH

	<u>Calendar 1963</u>	<u>Calendar 1964</u>
Total Population in San Francisco	749,900	755,700
Number of Schools - Public and Parochial	205	205
School Population	131,573	132,036
School Examinations - by MCH Physicians	18,807	23,174
Number of Child Health Conferences	1,802	1,803
Child Health Conference Attendance	33,302	31,761
Number of Immunization Centers*	312	270
Immunization Center Attendance	21,289	21,833
Smallpox Immunizations	6,089	8,039
Measles	-	1,530
Diphtheria-Pertussis-Tetanus Immunizations**	20,987	23,213
Polio Immunizations	16,027	14,871
Tuberculin Skin Tests (Incl. School Testing Program)	<u>39,346</u>	<u>40,853</u>
Total Immunization and Tests Given in CHC's and Immunization Centers	82,449	88,506
Ear Center Attendance	786	945
Eye Center Attendance	2,999	2,722
Cardiac Diagnostic Center Attendance	464	295

\* The number of actual sessions was decreased, but individual sessions were increased in hours.

\*\* Includes injections of D-P-T and D-T.

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## SPECIAL FEDERAL ALLOTMENT

During fiscal year 1964/65, the Federal Government allotted \$28,502 for Maternal and Child Health Special Program Activities. These funds are increasing every year and this is in accord with the present federal policy of appropriating more for certain categories than for general programs. The allotment was again used to continue the employment of a nutrition consultant; a social worker to give intensive casework services to multiply-handicapped children and their families; part-time clerical help for the social worker; and to employ a physician trained especially in adolescent medicine to work in selected junior high schools. The remainder of the funds were used to purchase some equipment.

The nutrition consultant functions primarily in the area of staff education. This includes the staff nurses and physicians of the Department of Public Health as well as professional members of the Unified School District and a variety of other agencies, both public and private. A variety of useful and timely teaching aids are available to her and she also develops her own as the need arises. She is also active in the recently established High-Risk Prenatal Clinic at San Francisco General Hospital.

The Medical Social Worker is conducting a Demonstration Project in intensive casework services to families with multiply-handicapped children between the ages of 3 years and 18 years which was initiated in the middle of October, 1964. The goal and function of this project is to establish the value of skilled counselling to the total family in coping with the day-to-day problems and frequent crises which occur in such families. Following an initial period of community orientation, direct services to families began early in November. Her caseload averages 22 families with an average of 35 individuals in treatment. Group therapy sessions to a small group of parents selected on the basis of amenability to this technique has been in progress since the middle of January, 1965. A preliminary evaluation indicates that approximately 60% of these families have shown marked or exceptional change in significant areas, with no observable change noted in only 2 individuals where treatment was recently begun.

The physician trained in adolescent medicine was employed on April 1, 1965, and has so far examined and counselled 78 Jr. High School students in 5 selected public schools. As is well known, the problems of the teenagers are unique, especially in the areas of so-called cultural deprivation. This physician will return to this position when school commences and continue with this assignment.

## MATERNITY AND INFANT CARE PROJECT

The Bureau of Maternal and Child Health has been allotted Federal money to begin an intensive Maternity and Infant Care Project in two census tracts in San Francisco. San Francisco is the first city in California to be given Federal approval for such a project. The project was approved in June, 1965 to begin July 1, 1965. Much MCH administrative time was devoted to planning the project during the fiscal year 1964-65 and will continue to be spent on the project.



## SUMMARY AND RECOMMENDATIONS

The Bureau of Maternal and Child Health is offering its traditional program to the mothers and children of San Francisco. The Nutrition Consultant paid by the Federal Categorical Allotment is an invaluable addition and has enhanced all the programs. The Medical Social Worker, paid from the same allotment, is proving that intensive casework is badly needed as well as accepted when insurmountable problems face a family with a severely-handicapped child.

Unmet needs exist, as always. Some of the most pressing are as follows:

- a) Additional social work time for the Crippled Childrens Services program;
- b) An additional Audiometrist to include high school students in the testing program and to do hearing conservation education in high schools;
- c) Additional personnel to test vision and hearing of infants and preschoolers in the Child Health Conference.

As the Health Centers become more decentralized, some of the responsibilities previously carried out by the Bureau of Maternal and Child Health will be taken over by the District Health Officers in the Health Centers. This will leave the MCH administrative personnel more time for much needed consultation with District Health Officers, for program planning and evaluation, and for planning and administration of the increasing Federal programs in this field.

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry, no matter how small, should be recorded to ensure the integrity of the financial data. This includes not only sales and purchases but also expenses and income. The document further states that regular audits are necessary to verify the accuracy of these records and to identify any discrepancies or errors. It also mentions that proper record-keeping is essential for tax purposes and for providing a clear audit trail to stakeholders.

The second part of the document outlines the procedures for handling customer orders and inquiries. It stresses the need for prompt and courteous service to all customers, regardless of the size of their order. The document provides a step-by-step guide for processing orders, from initial contact to final delivery. It also includes a section on how to handle complaints and returns, ensuring that customer satisfaction is always the top priority. The document concludes by reiterating the importance of maintaining high standards of service and accuracy in all business operations.

## THE DISTRICT HEALTH CENTERS

By dividing the City into nine districts and locating a health center in each, the San Francisco Department of Public Health has brought many of its services to the residents in their own neighborhoods. This has also made it possible to adjust programs according to the local needs. Each health center is staffed by a District Health Officer, a Supervising Public Health Nurse, and 12 to 15 Public Health Nurses. The health centers are directly responsible to the Assistant Director of Public Health for Public Health Services.

The major responsibilities of the health centers are:

### 1. The School Health Program

All elementary and secondary schools, both public and parochial, receive nursing services from the district health centers. Approximately  $1\frac{1}{2}$  hours of nursing time per 100 students per week is assigned to each school. Each nurse carries one to three schools and an average of 1500 students. In the school, the Public Health Nurse keeps a health record on each student, assists school personnel to handle sick or injured students, assists with the vision and hearing screening tests and refers those who fail for further examination, refers students for physical examinations when needed, assists with tuberculin testing of certain grade levels, and confers with parents and school personnel concerning students with special problems.

### 2. Maternity Supervision

Those mothers who cannot afford private care but must seek obstetrical care at the San Francisco General Hospital are referred to the district health centers for nursing supervision. The Public Health Nurse visits them as needed to make certain that they have understood the doctor's orders and to help them prepare for the new baby. After delivery, the nurse teaches the mother the elements of infant care. In several of the health centers, classes for expectant parents are taught by public health nurses.

### 3. Child Health Conferences

Thirty-six Child Health Conferences are held each week in 17 different locations (9 health centers and 8 substations) to provide well child supervision for low income families. These clinics offer complete medical examinations, routine immunizations, feeding and training instructions for infants and children up to kindergarten age. An average of 18 to 20 children are seen each session. These clinics care for from 10% of the preschool population in some districts such as the Sunset up to almost 50% of the preschool population in others.

### 4. Immunization Clinics

To maintain a high level of immunity to various communicable diseases in preschool and school age children, immunization clinics are held once or twice a month in each of the health centers. Initial and booster immunizations against diphtheria, whooping cough, tetanus, smallpox and poliomyelitis are given along with periodic tuberculin tests. Measles vaccination for preschool children was added to the program during the past year.





#### 5. Crippled Children Services

The district nurses visit the families of all children receiving medical care under the Crippled Children Services to be sure that instructions of the physician are being followed.

#### 6. Communicable Disease Control

Modern methods of sanitation, water purification and immunization procedures have greatly reduced the problems of control of most communicable diseases.

Tuberculosis remains the primary disease of infectious origin of public health importance. All cases of tuberculosis are referred to the health centers for follow-up. The Public Health Nurse visits the patient periodically to make certain that he is following instructions concerning medication and isolation and to refer all contacts for proper testing or x-rays as long as the case is active. Each year, 25,000 to 35,000 students receive tuberculin tests and the district nurses are responsible for the follow-up of all positive reactors and their contacts.

#### 7. Chronic Illness and Aging

Because of the advanced age of San Francisco's population, chronic illness cases are increasing more rapidly than any other area of district health services. The needs of this group are many and varied and the nurses encounter many difficulties in trying to help these people. They invariably have social problems as well as medical, and social workers are urgently needed in the health centers to help the nurses. Health centers must work closely with other agencies such as hospital clinics, welfare services and voluntary agencies to bring the best possible services to this group with least duplication of effort.

#### 8. Health Education

The district health centers should play an important role in bringing the latest health information to the citizens of the area. Because of inadequate staff, this function has not received the attention that it will in the enlarged centers with more professional staff. The centers do provide posters and pamphlets on a great variety of subjects to schools and private citizens and the district health officer and nurses speak on many topics to groups whenever called upon.

#### 9. Mental Health

Though no direct psychiatric service is offered in the centers, the nurses work with many families troubled with emotional or mental illness. A consultant from the Community Mental Health Services assists the nurses with these cases.

#### 10. Information and Referral

The staff of the health center is always ready to provide information to the people of the district and to make referrals to the agencies that offer the needed services.



## 11. Community Activities

The health centers work closely with neighborhood councils and organizations, especially in the Hunters Point, Mission, and Westside Districts, to offer consultation and coordinate programs.

## 12. Student Training

The health centers provide an important source of field experience and observations for nursing students, nutritionists, dietitians, medical students, social work students and psychiatric residents.

## THE PRESENT DISTRICTS

### ALEMANY DISTRICT

The Alemany Health District is a predominantly residential area for low-middle and low income families, many of Latin-American origin. The population is relatively young with a high percentage of preschool and school age children. Besides the school health program, the public health nurses carry heavy loads of maternity, tuberculosis and chronic illness cases.

The Alemany District will combine with the present Hunters Point District to form the Bayview District (District No. 3). A new health center will be constructed on or near Silver and San Bruno Avenues and is expected to open sometime in 1967.

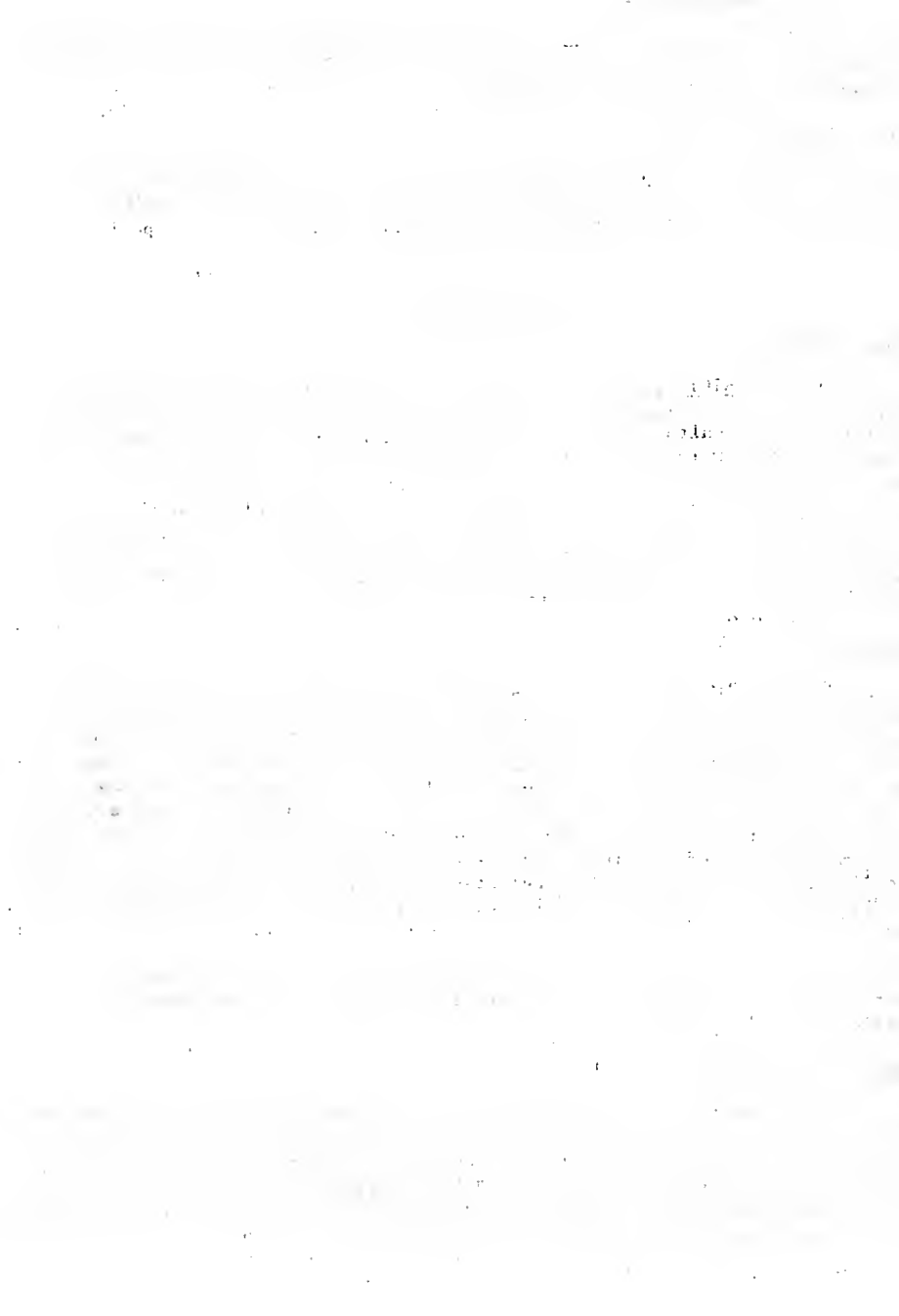
### CENTRAL DISTRICT

The Central Health District includes the "South of Market" area and an area north of Market Street to Stanyan and Fulton Streets. The residents of the area are families, often recent arrivals to the City, living on very low incomes or welfare stipends, and the "hard core" group of elderly men who live in cheap hotels or rooming houses. These single men have very high rates of alcoholism, cirrhosis, tuberculosis and suicide, and seldom cooperate with attempts to help them. There is much family disintegration, and infant deaths and prematurity rates run high. A federally funded demonstration project has recently begun in the area to bring these families better prenatal and infant care in the hope of improving the results of pregnancy in this disadvantaged group.

The South of Market area will become part of the new Northeast District (District No. 4), and the rest of Central District will become part of Westside (District No. 2).

### EUREKA-NOE DISTRICT

The Eureka-Noe Health District, in the center of the City, houses a relatively low-income population, many of whom are Latin-Americans who do not speak English. Many of these are newcomers to the City who need help in finding the medical services that they need. Tuberculosis is high among this group, as well as chronic illness in the elderly. Providing good care for this group is often hampered by their poor living conditions.



## Eureka-Noe District (continued)

The Eureka-Noe District will combine with Mission District to form District No. 1. The new health center, at Seventeenth and Prosper Streets, will be ready for occupancy in the fall of 1965. Besides the combined staff from each center, there will also be environmental health inspectors for the district based in the new center.

## HUNTERS POINT DISTRICT

The Hunters Point Health District covers the southeast corner of the City, a hilly area of industrial establishments and large housing projects. The population, about 50% of which is non-white, is very young - almost 50% are under the age of 25. Because of the low-income and low educational levels of much of the population, unemployment and juvenile delinquency are high.

The staff of the health center work very closely with the Hunters Point District Council to help the leaders of the community solve their problems and improve the conditions of the district.

During the past year, a unit of the Child Psychiatric Clinic was moved into the Hunters Point Health Center to bring direct therapy to the large group of disturbed children and their families of the area.

## MARINA-RICHMOND DISTRICT

The northwest corner of the City, the area surrounding the Presidio, makes up the present Marina-Richmond Health District. It is made up primarily of middle and low-middle income residential areas, but also includes some of the City's most wealthy neighborhoods.

The Health Center is presently located in an old store building on Greenwich Street. Because of the distance and poor transportation, the center was seldom used by the families of the Richmond District, so a substation was established in the Y.M.C.A. building at 18th Avenue and Geary.

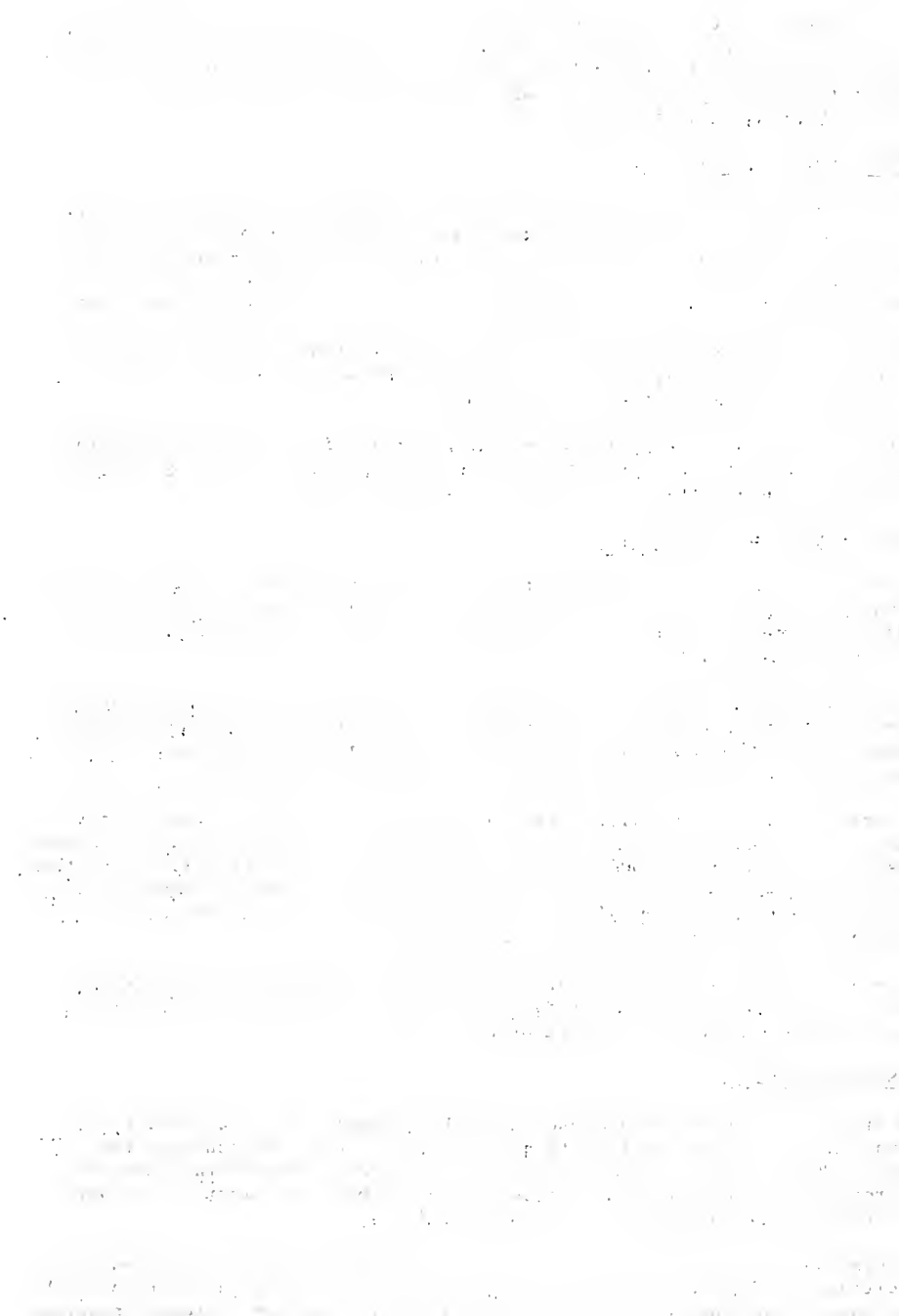
The principal public health problems of the district are the school health program, tuberculosis casefinding and follow-up, and social and medical services for the chronically ill and aging. The district health officer and the staff nurses have made a concerted effort to improve communications between the Health Department and other agencies and groups, such as the senior citizens and newly arrived immigrants in the area.

The reorganization plan calls for a division of the district, the Marina area becoming part of the Westside District, and the Richmond to combine with the Sunset District, to form District No. 5.

## MISSION DISTRICT

The Mission Health District houses a youthful population in a lower than average socio-economic group with a high percentage of Spanish-speaking people. The housing is relatively poor and there is marked transiency of the residents. Tuberculosis is a serious problem in the district, as well as high rates of infant deaths and prematurity.

The Mission District Council was recently organized to work toward improving conditions in the area. Members of the Health Center staff are working with the Council and other organizations to help coordinate and implement programs.



(Mission District continued)

The present health center is located on a ward of the San Francisco General Hospital. As soon as the new building is ready, the staff of the Mission District will move in with that of Eureka-Noe to form the new District No. 1.

#### NORTHEAST DISTRICT

The Northeast Health District takes in a small corner of the City, but it encompasses many communities; Chinatown, North Beach, Nob Hill, the downtown shopping area, and now the Golden Gateway Project, which has brought great changes to the area. The public health problems of the district are numerous, from tuberculosis and chronic illness in the elderly Orientals living in crowded Chinatown, to alcoholism, malnutrition and suicide of the pensioners living in downtown hotels. The fact that many of the Chinese residents do not speak English adds to the difficulties of the staff. A unit of the Chest Clinic has been set up in the Northeast Health Center to care for the large number of cases of tuberculosis.

In the reorganization of the districts, the South of Market area will be added to Northeast to make District No. 4.

#### SUNSET DISTRICT

The Sunset Health District covers the southwest corner of the City, a middle-class residential area. The principal public health programs in the district are the school health program, tuberculosis control, and chronic illness and aging. Because of the older than average population, there are many people with chronic diseases who try to maintain themselves in their own homes. For the past two years, a federally funded project has been operating in the Sunset District, in cooperation with the San Francisco Homemaker Service, to work out ways of coordinating services for the chronically ill and to help them remain independent as long as possible.

The Richmond district will be added to the Sunset to make District No. 5, and a new health center will be constructed in a site near Nineteenth Avenue and Lincoln way.

#### WESTSIDE DISTRICT

The Westside Health District takes in the Western Addition, an area that has seen many recent changes due to the Redevelopment Project. The population is about 50% non-white, youthful, with a high percentage living on marginal incomes or on welfare stipends. Tuberculosis has always been a serious problem in this area because of the reluctance of the patients and their contacts to continue with treatment and periodic examinations. There has been great improvement in tuberculosis control in this area since a unit of the Chest Clinic was moved into the Westside Health Center. The educational level of the residents is low, so the conventional methods of influencing them to adopt better health habits often fail. Health educators who can bring information to them in a form that they can understand are urgently needed.

The enlarged Westside District, or District Health Center No. 2, will include the Marina District and part of the present Central District. Construction has already begun on the new health center, and it should be ready some time in 1967.





### FUTURE PLANS

The consolidation of the present nine health districts into five larger districts and the construction of new health centers will make possible many improvements in the services provided the citizens of San Francisco. The enlarged quarters will make it possible to serve the clients more quickly and efficiently. More clerical staff and new equipment will greatly reduce the time that the professional staff must spend in recording. Decentralization of some services, such as environmental health inspection, will increase efficiency and cut time lost in travel.

The larger health centers will make it possible to expand present programs and add new ones as needed. Some of the health needs that are being studied for district planning are:

1. Social services - the addition of social workers to the staff to help the nurses and to coordinate programs with the Department of Social Services.
2. Additional district chest clinics and x-ray facilities for tuberculosis follow-up.
3. Expansion of services for the chronically ill and aging.
4. Screening clinics for various chronic diseases, such as diabetes, glaucoma, cancer.
5. Health education services.
6. Follow-up clinics for patients of San Francisco General Hospital, such as prenatal or chronic illness.
7. Child guidance and emergency psychiatric services.

1. The first part of the report is a general introduction to the project. It describes the purpose of the study, the objectives, and the scope of the work. It also provides a brief overview of the methodology used in the study.

2. The second part of the report is a detailed description of the data collection process. It explains how the data was gathered, the sources of the data, and the methods used to ensure the accuracy and reliability of the data.

3. The third part of the report is a detailed description of the data analysis process. It explains how the data was processed, the statistical methods used, and the results of the analysis.

4. The fourth part of the report is a discussion of the results of the study. It compares the findings with the objectives of the study and discusses the implications of the results.

5. The fifth part of the report is a conclusion and recommendations. It summarizes the main findings of the study and provides recommendations for future research.

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# SAN FRANCISCO GENERAL HOSPITAL

## PURPOSE AND SCOPE

The San Francisco General Hospital is responsible for supplying acute medical and surgical care to the medically indigent residents of the City and County. It functions as a part of the curative or therapeutic Medical Section of the Department of Public Health. It operates under the Director of Public Health, and the Assistant Director of Public Health, Hospital Services.

For the third consecutive year San Francisco General Hospital was one of the very few hospitals in the United States to fill its quota of interns and residents. To a large extent this is due to the excellent cooperation of the City administration, the Department of Public Health, and the University of California in providing the necessary funds for equipment, facilities, and personnel for this type of operation.

## PROGRAM ACTIVITIES

### PATIENT STATISTICS:

For the fiscal year 1964-65 our patient day load was almost the same as during 1963-64 (see Chart I). The total patient days were 298,346 as compared with 291,192 for the previous fiscal year, an increase of approximately 2.5%. Total admissions and births were 22,803 as compared with 22,842, a decrease of approximately 1.7%.

### REVENUES RECEIVED:

Fee tag collections for the fiscal year 1964-65 totaled \$2,642,780.00 compared with \$2,136,019.00 collected in 1963-64. This represents an increase of approximately \$506,761.00 or 23.7% over 1963-64. Following is a two-year comparison of these collections:

<u>Source</u>	<u>1963-64</u>	<u>1964-65</u>
Care of Patients - General	572,055.	656,765.86
Bureau of Delinquent Revenue	310,139.	259,295.00
Care of Patients - Psychiatric and Tuberculosis	257,143.	277,464.00
S.F. Employees Retirement System		
Care of Compensation Cases	70,174.	107,687.70
S.F. Public Welfare Department		
Care of Public Assistance Patients	892,915.	1,279,815.41
Total care of Patients	2,102,426.	2,581,027.97
Miscellaneous Collections	33,593.	61,752.64
Total Collections	\$2,136,019.	\$2,642,780.61



### Surgical Suite

In compliance with the standards prescribed by the Joint Commission on Accreditation of Hospitals work has begun to remodel the Surgical Suite.

The remodeling will change the entry into surgery to eliminate unnecessary foot traffic and provide controlled dressing room facilities for the surgical personnel, the Recovery Room will be revised and enlarged, and operating rooms will be renovated.

To provide for enlarging the Recovery Room, the Cast Room will be removed from the Surgical Suite to the Solarium of Ward 22. It is expected that this work will be completed early in 1966.

### X-ray Department

In April 1965 work was begun on Phase I of the remodeling of the X-ray Department. This first phase of the three phases of remodeling work, involves the establishing of a distinct Special Procedures Suite.

This remodeled suite will include cine, television, and facilities for simultaneous bi-plane, radiographic procedures, and will improve significantly the space and equipment required by the X-ray Department for work in the area of vascular studies.

Phase I is scheduled for completion late this year; Phase II will be started immediately upon completion of this first phase.

## FUTURE PLANS

### New Hospital

At this date many of the long range plans for the hospital are limited to a considerable extent pending the outcome of a proposed 33.7 million dollar bond issue to finance a new acute and psychiatric hospital unit.

The plans call for a 17 story structure to be built on present hospital grounds. It would provide approximately 563 beds for the acutely ill, and approximately 226 beds for a separate psychiatric unit.

At this date the bond proposal has been approved by the Mayor's Bond Screening Committee, and is scheduled for submitting to the Board of Supervisors in July. If approved by the Board, the proposal will appear on the coming November ballot for the approval of the voters.

### Intensive Care Units

In the more immediate future, and in the discussion stage at this date are plans to provide intensive care facilities for the acute cardiac cases and for similar cases involving pulmonary diseases.

### Pathology Building

The work on the new Pathology Building has proceeded without interruption and it is hoped that the building will be ready for occupancy before the end of the calendar year.

### Enrollments

In anticipation of an increased number of third year medical students, plans have been completed for enlarging and improving the hospital's Barnett-Briggs Library, and for remodeling laboratories and offices on the second floor of Building 100. It is expected that these plans will be submitted for bids early in July, 1965.



### Outpatient Clinic

The number of outpatient clinic visits remained relatively constant throughout the past year. Possible plans for remodeling the Student Nurses' Home are still in the discussion stage. Statistics showing the number of outpatient visits by service for the past three years are shown below:

Clinic	1961-62	1962-63	1963-64	1964-65
Follow-up	17,890	18,895	18,898	19,550
Pediatrics	17,779	17,527	16,622	16,593
Prenatal	11,646	10,327	10,347	10,093
Adult Psychiatric	7,273	7,821	8,235	4,742
Psychiatric Impac	2,014	2,583	3,530	3,942
Dental	5,058	4,863	4,476	5,194
Admission Emergency	43,721	48,227	47,869	45,006
Chest Clinic	28,740	36,056	44,165	47,551
	134,121	146,716	154,142	152,671

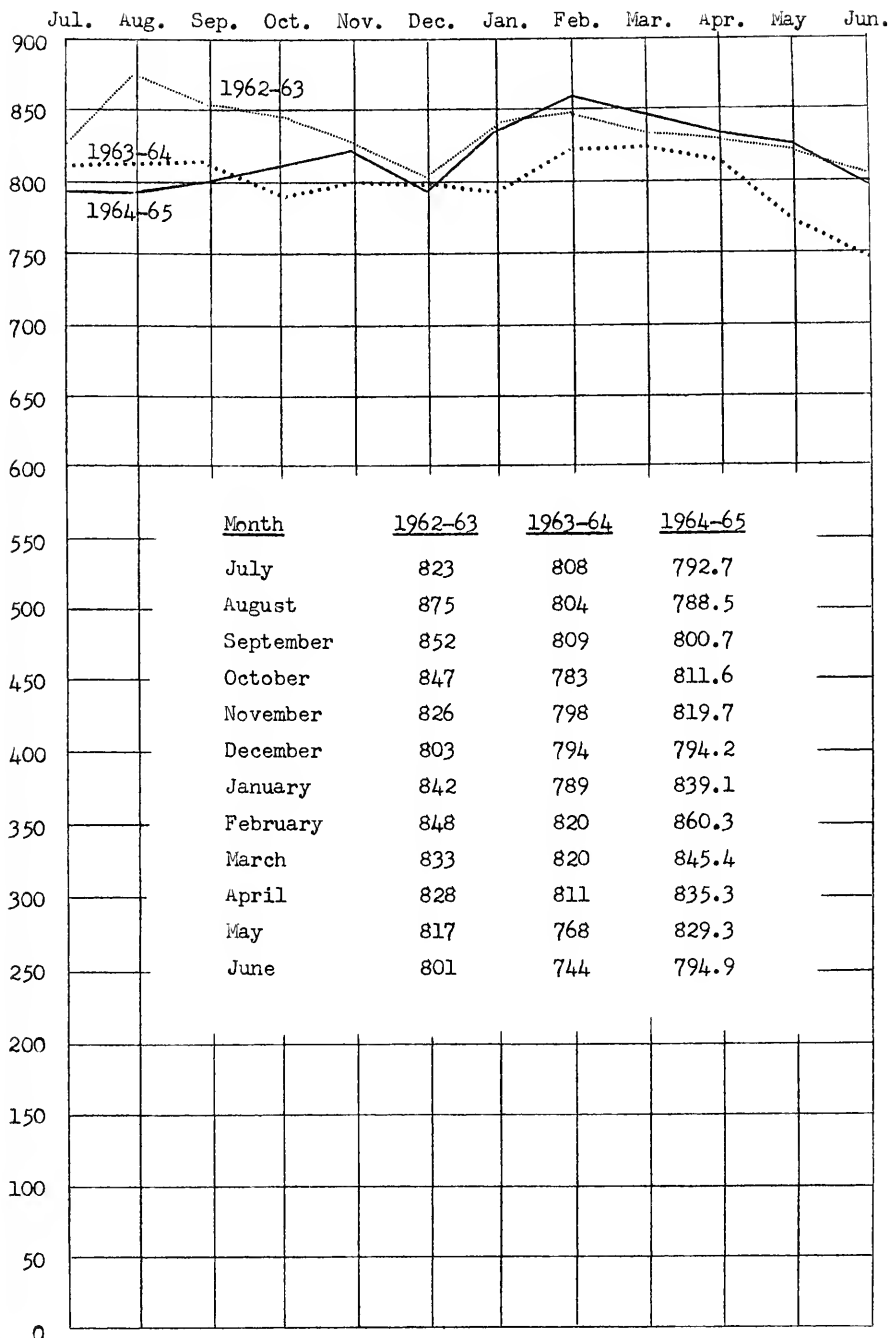
The following table shows the results of the experiments conducted on the 10th of May 1900. The results are given in the form of a table, the columns of which are headed by the names of the experiments, and the rows by the names of the substances used. The numbers in the table represent the amount of substance used, and the numbers in the parentheses represent the amount of substance used in the experiments.

Experiment	Substance	Amount used	Amount used in experiments
1	Water	100	(100)
2	Alcohol	100	(100)
3	Oil	100	(100)
4	Acid	100	(100)
5	Base	100	(100)
6	Salt	100	(100)
7	Sugar	100	(100)
8	Starch	100	(100)
9	Gum	100	(100)
10	Resin	100	(100)



# AVERAGE PATIENT OCCUPANCY BY MONTH, 1964 - 65

Chart I





### LAGUNA HONDA HOSPITAL.

On March 10, 1866, the City and County of San Francisco approved an act establishing an almshouse for the homeless and unemployed men of San Francisco. In 1867 an infirmary was added to care for the sick, and in 1908 a hospital section for the chronically ill was established. By this time the institution was caring for both men and women. In 1908 there were approximately 800 patients, of which one-third were hospital patients. In 1965 there were 1585 patients, of which one-third were ambulatory patients. Thus, a change in the type of hospital care rendered at Laguna Honda had gradually occurred. In 1962 the Rehabilitation Center was established, completing the profile of Laguna Honda's medical program. Laguna Honda Hospital is one of the institutional services of the Health Department of the City and County of San Francisco. An accredited hospital, it renders care in the special fields of geriatrics, chronic illness, and rehabilitation. On its grounds is a modern and outstanding ambulatory residence, Clarendon Hall.

### Bed Utilization

The percentage of bed utilization at Laguna Honda Hospital still remains at a high level. 1964-65 percentage of occupancy for the hospital wards (based on normal capacity) is 97%; for the mental wards, it is 90%; and for the modified and rehabilitation wards, it is 72%. The overall occupancy rate is 86.5%, notably higher than the recognized national occupancy rate of 80%. The hospital wards are still crowded, and there is a demand for additional hospital beds. To help meet this need, Laguna Honda has converted two ambulatory wards to hospital wards.

The comparative Patient-Day Analysis shows a decline in patient days in all services. The decline in the hospital wards' patient days was due to transferring patients from Ward C-5, which had a capacity of 43 patients, to Ward C-4, which has a capacity of 33 patients. The decline in the rehabilitation wards' patient days was due to difficulties in obtaining approval for re-imbursement for care rendered under the ATD program. This problem has been resolved, and the rehabilitation wards are functioning again at a reasonably high rate of patient occupancy. The greatest decline was in the ambulatory section. The patient days have been steadily dropping in this service for the last four years, as ambulatory persons are now obtaining suitable care in private rest homes or in rented living quarters.

The following tables will serve to illustrate these developments:



## LAGUNA HONDA HOSPITAL

## 1964-65 Cost Report

## Census Analysis

PATIENT DAYS

Service	1962-63	1963-64	1964-65
Hospital Wards	307,613	322,072	317,727
Mental Wards	76,579	73,319	69,955
Modified Wards	216,419	197,833	171,575
Rehabilitation Wards	21,946	22,359	19,201
Total Patient Days	<u>622,557</u>	<u>615,583</u>	<u>578,458</u>

AVERAGE DAILY CENSUS

Service	1962-63	1963-64	1964-65
Hospital Wards	843	880	870
Mental Wards	210	200	192
Modified Wards	593	541	470
Rehabilitation Wards	60	61	53
Average Daily Census	<u>1,706</u>	<u>1,682</u>	<u>1,585</u>

PERCENTAGE OF OCCUPANCY

Service	1962-63	1963-64	1964-65
Hospital Wards	99.88	101.26	97.14
Mental Wards	98.50	94.05	90.23
Modified Wards	83.28	79.55	72.27
Rehabilitation Wards	80.19	81.45	72.26
Percentage of Occupancy	<u>93.00</u>	<u>91.58</u>	<u>86.52</u>



## ADMISSION AND DISCHARGE COMPARATIVE

### Admission Analysis

Service	1963-64	Percentage	1964-65	Percentage
Hospital Wards	458	43%	437	45%
Modified Wards	429	40%	297	30%
Rehabilitation Wards	190	17%	247	25%
Total Admissions	1,077	100%	981	100%
	=====	=====	=====	=====

The admission analysis shows the hospital wards admitting the largest number of patients. The analysis also reveals that 70% of Laguna Honda Hospital's admissions require bedside medical care, while 30% require minimum hospital care. The hospital and rehabilitation services showed a percentage increase of 2% and 8% respectively, while the modified wards declined by 10%. This is in line with the changing function of Laguna Honda Hospital, from an ambulatory residence to that of a hospital for the chronically ill and a Rehabilitation Center.

### Discharges.

The total number of discharges during the past year, including deaths, was 1,041. This year, deaths decreased slightly, from 268 to 264. There has been a significant 13% drop in deaths since 1961. The following table categorizes discharges as to cause and destination:

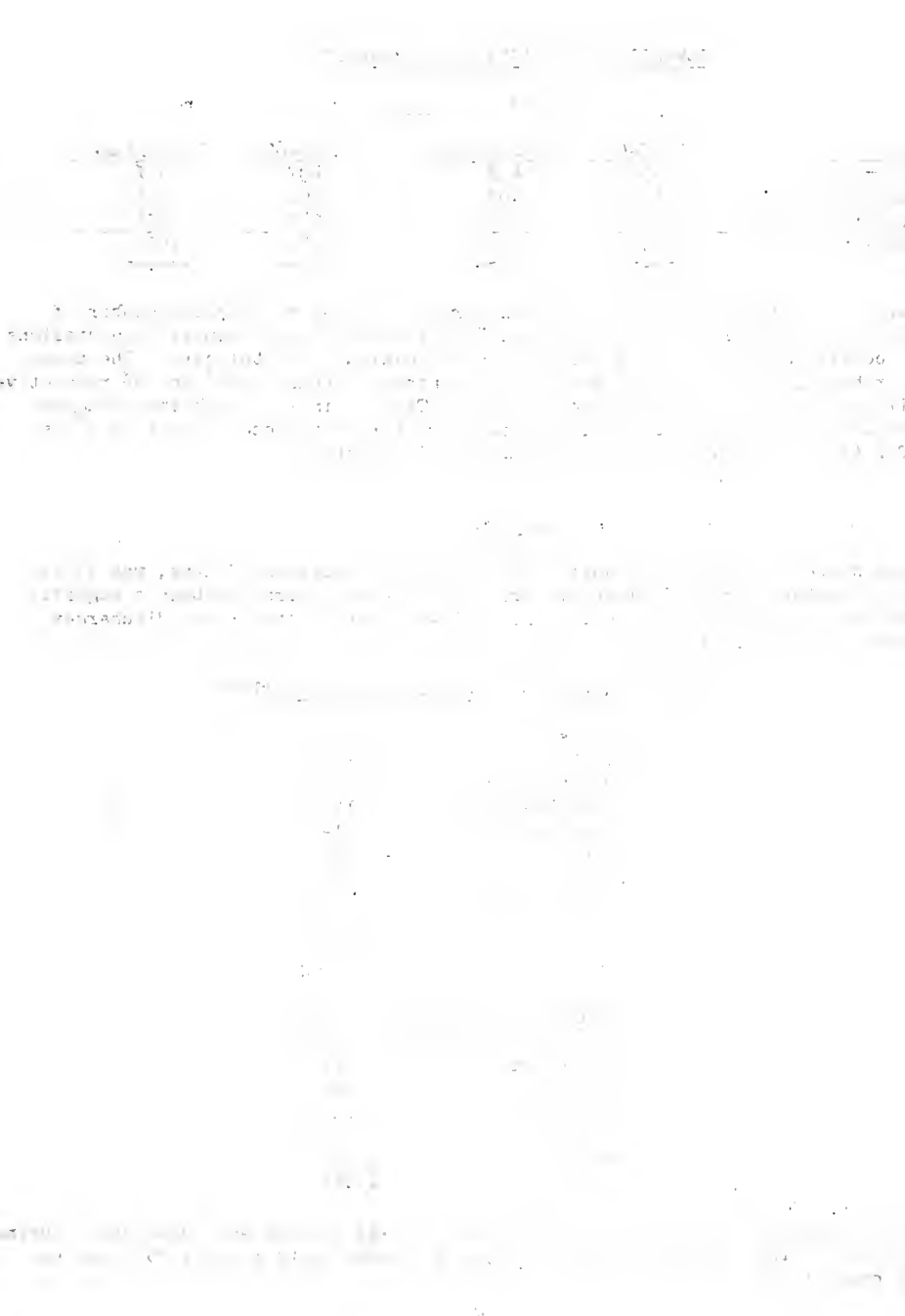
### DISCHARGE ANALYSIS BY CAUSE AND DESTINATION

Deaths	264
S.F.G.H.	279
Nursing Home	
and Rest Home	135
Other Hospital	19
Home	251
Hotel	52
Boarding Home	12
A.W.O.L.	29
	<u>1,041</u>

### DISCHARGE ANALYSIS BY RELIGION

Protestant	471
Catholic	414
Jewish	30
Oriental	7
Other	119
	<u>1,041</u>

It is also interesting to note that 598 males and 433 females were discharged during the past year. The discharge analysis shows an annual death rate of 25%, and an autopsy rate of 31%.





### CONSULTATION RATE

Laguna Honda Hospital has a consultation rate of 67%, the recognized national minimum average being 20%. A consultation includes an examination of the patient and his medical record by a consultant -- who must write an opinion over his signature. This consultation becomes a part of the patient's record.

### BUDGET

When Laguna Honda Hospital's budget is submitted to the Central Office of the Health Department, it is a thorough and complete financial and medical plan for a work program for the coming fiscal year. Great care is given to its formulation, which begins in September. Each year, the administrator requests from each department head his budget requirement for the coming fiscal year. Every budget request is carefully scrutinized and analyzed before it becomes a part of the budget. The budget, when finally submitted, is a plan of operation designed to keep supplemental budget requests at a minimum.

Comparing the 1963-64 with the 1964-65 budget reveals a modest 2.6% rise. The following table will help in the analysis of the Laguna Honda budget:

12-90

1. The first part of the document is a letter from the President of the United States to the Congress, dated December 12, 1890. It is a very important document, as it contains the President's message to Congress for the year 1890. The letter is written in a formal, official style, and is signed by the President.

12-90

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## LAGUNA HONDA HOSPITAL

COMPARISON OF BUDGET

	<u>1961-62</u>	<u>1962-63</u>	<u>1963-64</u>	<u>1964-65</u>	<u>Difference</u>	<u>%</u>
Permanent Salaries	4,057,071	4,412,874	4,590,128	4,687,772	97,644	2.1
Contractural Serv.	17,025	23,832	25,626	28,388	2,762	10.8
Heat, Light, Power	120,000	118,910	---	---	---	-
Material & Supplies	148,536	150,766	155,866	162,866	7,000	4.5
Meat Shop	---	155,487	161,487	161,487	---	-
Foodstuffs	577,895	546,718	558,000	563,304	5,304	1.0
Drugs, Chem., Gases	97,000	97,400	101,000	103,500	2,500	2.5
Hosp. & Lab. Supplies	26,500	31,873	36,000	45,000	9,000	25.0
Photo & X-Ray Suppl.	5,500	5,500	5,500	5,500	-	-
Equipment	55,000	61,878	62,000	74,867	12,867	20.8
SUB TOTAL	5,104,527	5,605,238	5,695,607	5,832,684	137,077	2.4
REHAB. WARDS		568,736	608,777	633,495	24,718	4.1
GRAND TOTAL	5,104,527	6,173,974	6,304,384	6,466,179	161,795	2.6



The "Cost-per-Patient Schedule" reveals a low cost per day for drugs and hospital supplies. These are two items that Laguna Honda Hospital has some difficulty in adhering to. One reason is a tight budget; another reason is in the type of hospital care that we are rendering. It is hoped that more funds will be available for these two very important items in the coming fiscal year.

**"COST-PER-PATIENT SCHEDULE"**  
Based on Budget Appropriation of 1964-65

Appropriation	Amount	Cost per Patient Day
Permanent Salaries	\$ 4,687,772	\$ 8.38
Contractual Services	28,388	.05
Materials and Supplies	162,866	.30
Meat	161,487	.29
Foodstuffs	563,304	1.00
Drugs, Chemicals, and Gases	103,500	.19
Hospital and Lab. Supplies	45,000	.08
Photo and X-ray Supplies	5,500	.01
Equipment	74,867	.13
Total	\$ 5,832,684	\$ 10.43
Rehab. Wards	633,495	32.99
Total Cost	\$ 6,466,179	-

Average Cost Per Patient Day                      \$ 11.18

Hospital and Modified Ward Patient Days	559,257
Rehabilitation Ward Patient Days	19,201
Total Patient Days	578,458
	=====

REVENUES

Revenue received (Cash Basis) was \$5,217,797.85: an increase of \$739,676.78 over 1963-64. The largest source of revenue was from Medical Aid to the Aged (M.A.A.), Blind Aid (B.A.), and Aid to the Totally Disabled (A.T.D.). The amounts are as follows:

<u>Program</u>	<u>Amount</u>
M.A.A.	\$ 3,866,546.61
B.A.	21,511.28
A.T.D.	382,237.55

The Revenues were up 17%, due to a raise in rates and the team work operation between Laguna Honda Hospital's Billing and Social Service Departments and the Department of Public Welfare. The following schedule shows the comparative analysis of revenue and accounts receivable of the fiscal years 1963-64 and 1964-65.



## LAGUNA HONDA HOSPITAL

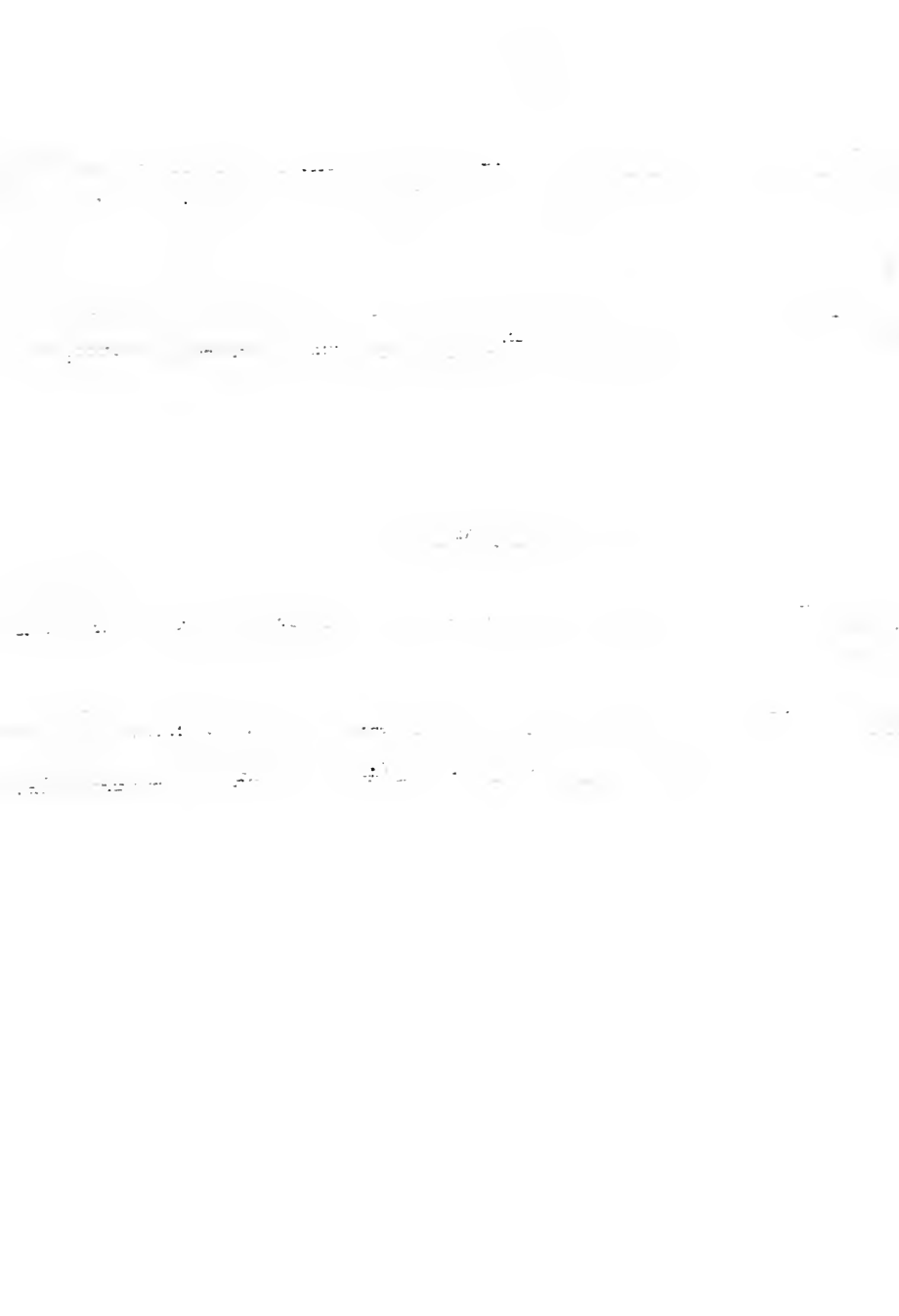
## REVENUES

## CASH BASIS

Source	1961-62	1962-63	1963-64	1964-65
Patient Care	2,028,780.90	5,430,304.60	4,437,634.72	5,150,632.24
Other	5,694.85	4,424.32	9,195.31	9,867.01
B. D. R.	24,157.71	23,173.25	31,291.04	57,298.60
TOTAL REVENUES	<u>2,058,633.46</u>	<u>5,457,902.17</u>	<u>4,476,121.07</u>	<u>5,217,797.85</u>

ANALYSIS OF REVENUES

SOURCE	1963-64	1964-65	Difference	% of Increase or Decrease
Patient Care	4,437,634.72	5,150,632.24	712,997.52	16%
Other	9,195.31	9,867.01	671.70	7%
B. D. R.	31,291.04	57,298.60	26,007.51	83%
TOTAL	<u>4,478,121.07</u>	<u>5,217,797.85</u>	<u>739,676.78</u>	<u>17%</u>





## LAGUNA HONDA HOSPITAL

RECONCILIATION OF REVENUE 1964-1965

TOTAL REVENUE COLLECTED	5,217,797.85
LESS PRIOR YEAR BILLING	- <u>1,286,309.18</u>
RECEIVED IN 1964-1965	3,931,488.67

## ACCOUNTS RECEIVABLE 1964-65 (Estimated)

<u>Account No.</u>	<u>Amount</u>
Care of	
Res.LHH-7611	1,326,549.20
"	=
Rehab. -7611-A	121,112.92
TOTAL ACCOUNTS RECEIVABLE (Estimated)	<u>1,447,662.12</u>
	<u>\$ 5,379,150.79</u>

## CONTROLLER'S ESTIMATE 1964-1965

<u>Account No.</u>	<u>Amount</u>
7611	4,400,000.00
7611-A	<u>623,997.00</u>
	<u>5,023,997.00</u>
	<u>\$ 5,023,997.00</u>

REVENUES OVER ESTIMATES	<u><u>355,153.79</u></u>
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## MEDICAL, NURSING, AND AUXILIARY SERVICES

The medical-nursing department of Laguna Honda Hospital consists of the Clinical Laboratory, Dental Clinic, Nursing Department, Occupational Therapy, Physical Therapy, Pathology, Radiology, Speech Therapy, and Surgery Clinics.

One of the largest department of the hospital is the Nursing Department which employs 470 nurses, LVN's, and orderlies to render a high quality of patient care. This service has made several improvements in bedside care during the past fiscal year. One improvement was accomplished by increasing the number of lifting teams from three to four, and revising their duties to include walking patients and giving them range-of-motion exercises. One hundred twelve (112) patients receive passive range-of-motion exercises daily, and two hundred five (205) patients are walked two or three times daily. The prevention of decubiti continues; this is an indication of excellent nursing care. The nursing staff is very proud of this accomplishment. Small gains have been made in bowel and bladder training in an attempt to decrease the number of wet beds. This program has just begun, but is showing commendable progress.

Patient morale has been helped by increasing ward recreation activities, such as birthday parties, games, hairsets, haircuts, and application of make-up and fingernail polish. This awareness of the patients' personal needs, even though hospitalized, has increased the morale of the patients and the staff.

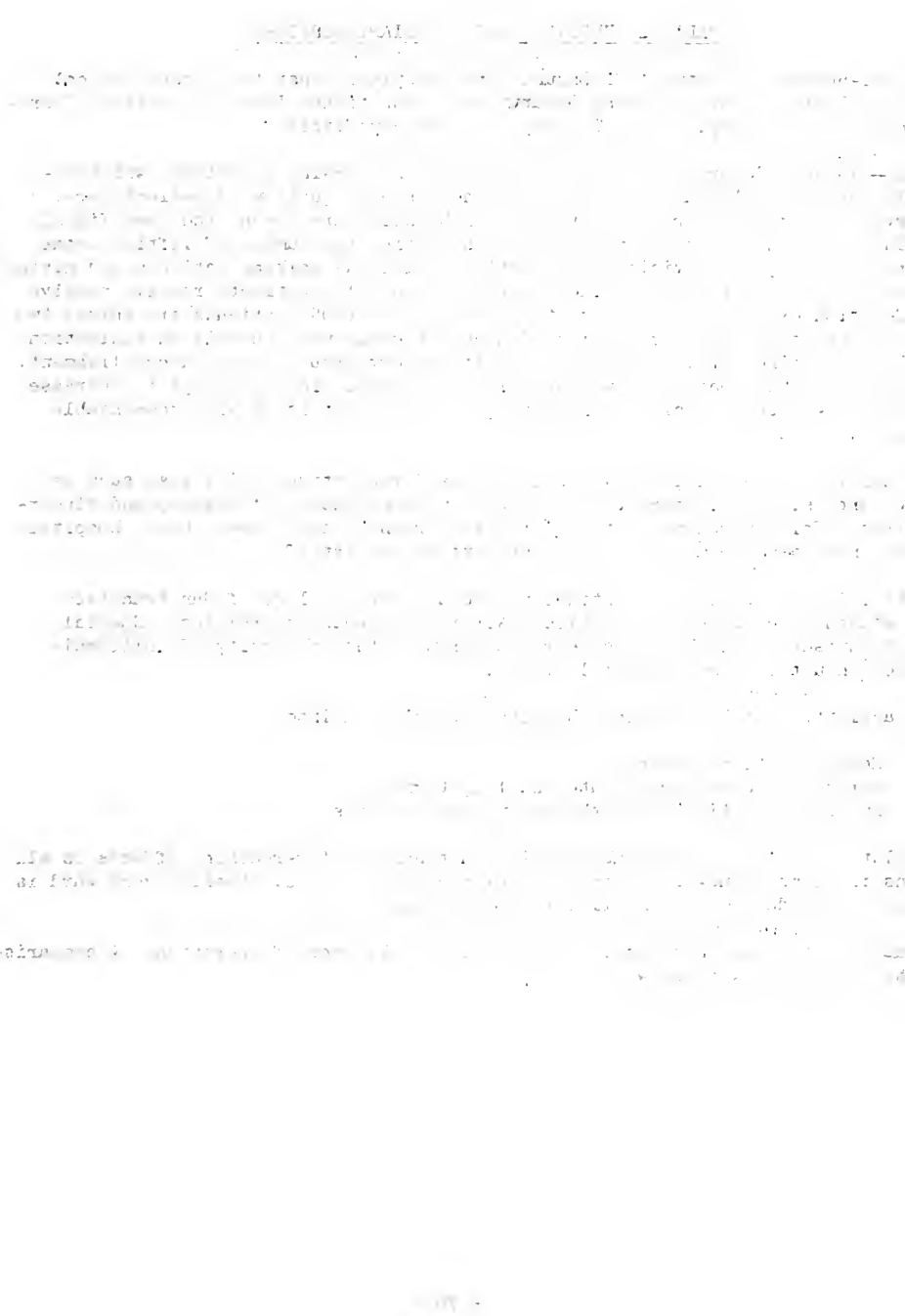
Future training programs will continue to include City College of San Francisco Nursing students and Licensed Vocational Nursing students in training. Special studies by nurses in the Master's degree program of the University of California are to be conducted in many special fields.

Medical activities at Laguna Honda Hospital are divided into:

1. Rehabilitation Services
2. Chronic disease care, acute and long-term
3. Ambulatory patient care through medical clinics

While relatively small, the Rehabilitation Unit has had far-reaching effects on all divisions in terms of newer concepts of chronic disease care. Nearly every ward is carrying on some degree of rehabilitative procedure.

The Rehabilitation Unit has completed its second full year of operation. A comparison of the two years' work shows:



	<u>1963</u>	<u>1964</u>
Admissions	264	404
Discharge	250	347
Average Age	67	64.4 yrs.
Average Length of Stay	109	101 days
Living situation on discharge		
Out-of-institution	42%	52%
Modified hospital	7%	10%
Nursing Home	2%	7%
County institutions (L.H.H. or S.F.G.H.)	47%	30%
Expired	2%	1%
Principal Diagnoses:		
Strokes	30%	31%
Fractured hips	24%	27%
Amputations	7%	9%
Quadriplegia & Paraplegia	4%	5%
Units of Service		
Physiotherapy	34,248	58,129
Occupational Therapy	27,333	43,704
Clinic visits	---	2,124

Follow-Up Program:

<u>Year of Discharge</u>	<u>1962</u>	<u>1963</u>	<u>1964</u>	<u>TOTAL</u>
Number being followed	20	127	171	318

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W. 101

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11

The figure consists of two separate line graphs. The left graph has a y-axis labeled 'Rate of reaction' and an x-axis labeled 'Temperature'. A curve starts at a low rate at low temperature and rises steeply, becoming almost vertical as temperature increases. The right graph also has a y-axis labeled 'Rate of reaction' and an x-axis labeled 'Temperature'. A curve starts at a low rate at low temperature and rises gradually, showing a more linear relationship than the left graph.

Figure 1

2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 2681, 26

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<u>Year of Discharge</u>	<u>1962</u>	<u>1963</u>	<u>1964</u>	<u>TOTAL</u>
Out of institution	16 (80%)	95 (77%)	144 (86%)	255(80%)
Returned to Hospital Situation	2	9	11	22(7%)
Returned to L.H.H. Rehab.	1	1	3	5 (1.6%)
Returned to Modified Hospital (L.H.H.)	0	5	2	7 (2.2%)
To Nursing Home	0	4	2	6 (1.9%)
Expired	1	13	7	21 (6.6%)
Lost to follow-up	0	0	2	2 (0.7%)

Nursing Home Program: During this year 135 MAA patients have been discharged from Laguna Honda Hospital to Nursing Homes either in San Francisco or in other counties, mainly the latter due to shortage of beds in the City. In the 1965-66 budget, a medical social worker and a clerk typist are authorized for this program, and it is anticipated that this will further aid in relieving the pressure for long-term beds in San Francisco institutions.

#### New Programs:

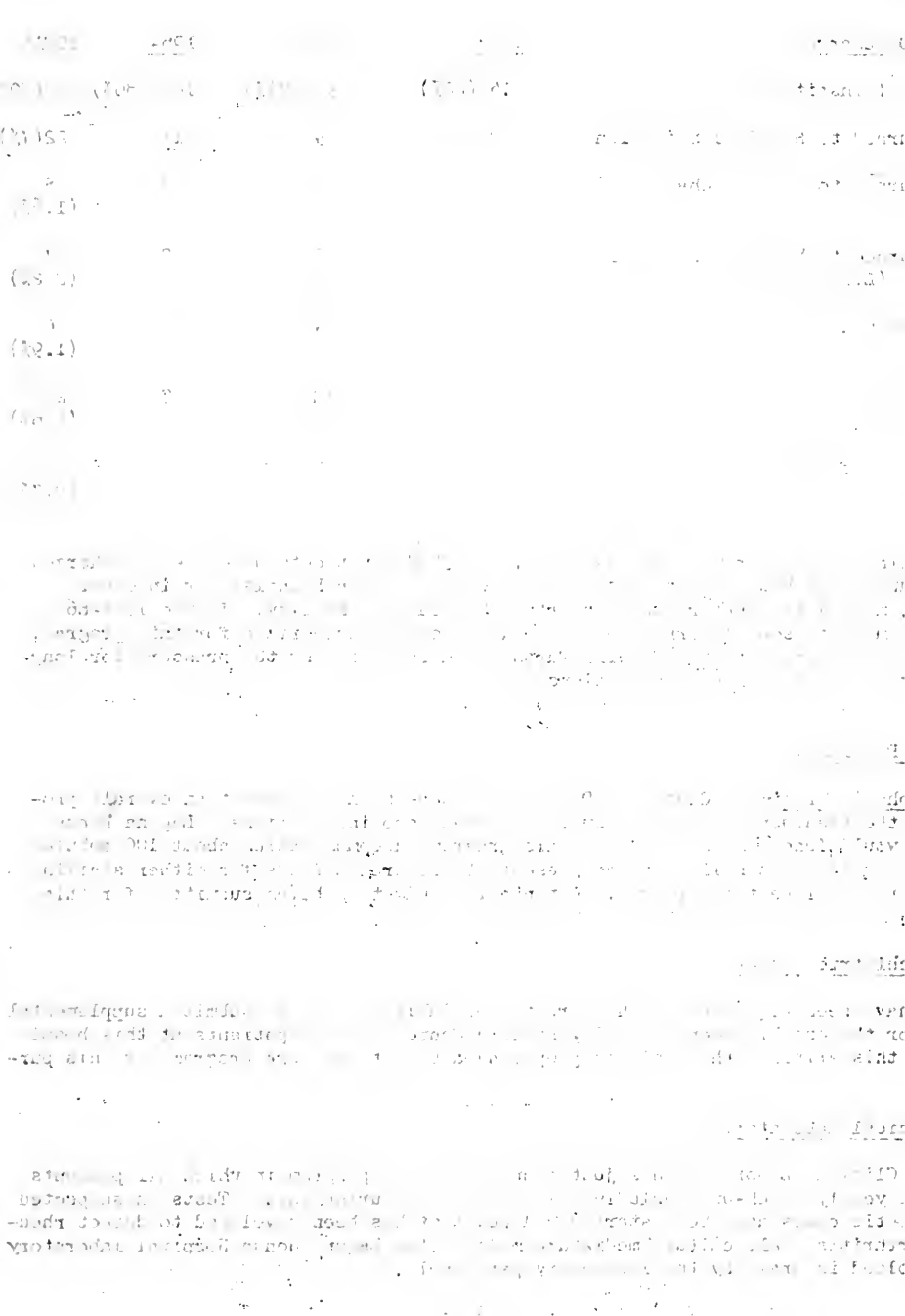
Alcoholic Treatment Center: Discussions have been held about an overall program for the treatment of alcoholism in San Francisco institutions. Laguna Honda Hospital would function as a unit of this program, accommodating about 100 ambulatory men at Clarendon Hall. At the present, there are no funds for either staffing or drugs to initiate this program. A tentative budget is being submitted for this purpose.

#### Psychiatric Center:

We have been requested by the Director of Public Health to submit a supplemental budget for the establishment of a Psychiatric Center for the patients at this hospital. At this writing, the staff is preparing a budget and work program for this purpose.

#### Clinical Laboratory:

The Clinical Laboratory has just completed a new program in which all patients receive a yearly check-up, including blood count and urinalysis. Tests on suspected mild diabetic cases have been started. A new test has been developed to detect rheumatoid arthritis. All culture media are made in the Laguna Honda Hospital laboratory and all blood is drawn by the laboratory personnel.





### Clinical Laboratory:

For the fiscal year 1964-65, over 96,000 routine laboratory tests were performed.

Before Occupational Therapy or Physical Therapy treatments are begun, an evaluation conference is held by the physiatrist, nurses, occupational therapist and physical therapist. At this conference, the patient's occupational therapy and physical therapy needs are determined, and treatment is prescribed. Follow-up evaluation conferences are held, and each patient's progress is discussed and evaluated.

### Occupational Therapy:

An Occupational Therapy treatment unit is equivalent to fifteen minutes, and for the past fiscal year, total treatment units totalled 41,841. The staff includes five registered occupational therapists, and three occupational therapy aides, who give treatments for balance endurance, maintenance functions, activities of living, and household activities. Adaptive equipment is made by prescription. The Occupational Therapy Department has student affiliation with the University of Kansas and Eastern Michigan University, and conducts lectures for student nurses and student vocational nurses.

### Physical Therapy:

The Physical Therapy Department for the fiscal year 1964-65 had 60,711 treatment units, and an average case load of 93 patients per month. Physical Therapy treatments include range-of-motion exercises, gait training, ultra sound treatment, ice pack, hot pack, and microwave treatments. Patients are trained in the use of prosthesis. Neuromuscular facilitation technique was recently introduced and has proven very successful. Since acquiring the new electromyograph equipment, Physical Therapy has been making electrodiagnostic tests. These have included: 11 Electromyograph tests and 10 Conduction studies.

### Speech Therapy:

A major problem with asphasic patients is their lack of ability to communicate. The speech therapist helps the patient to improve his ability to speak, and to read with comprehension. If necessary, she also trains the patient to write with his left hand. This department has started a small hearing program, which has been very successful, but limited in scope. Future plans for this department should include an audiologist to help in this area. There follows an activity report of the Speech Therapy department.



# SPEECH THERAPY - ANNUAL ACTIVITY REPORT

July 1, 1964 - June 30, 1965

## CASE SUMMARY

Patients on therapy 7/1/64	14	
New patients current year	<u>39</u>	
Total		53
Therapy terminated		
No longer indicated	24	
Left Laguna Honda Hospital	12	
Deceased	<u>1</u>	
less Total		<u>37</u>
Patients currently on therapy		<u><u>16</u></u>
Total number of units of service (15 minutes = 1 unit)		<u><u>4401</u></u> <u>=====</u>

## CASES BY DIAGNOSIS

Cerebrovascular accident	44
Brain injury - trauma	2
Parkinson's disease	1
Laryngectomy	1
Cerebral palsy	3
Brain tumor	<u>2</u>
Total	<u><u>53</u></u> <u>===</u>

## HEARING PROGRAM

Audiometric examinations	38
Hearing aid clinic - patient visits	81
Servicing aids and instruction in use - patient visits	108
Total number of units of service (15 minutes = 1 unit)	527

1. The first part of the paper is devoted to the study of the properties of the function  $f(x)$  defined by the equation

$$f(x) = \int_0^x f(t) dt$$

and to the study of the properties of the function  $F(x)$  defined by the equation

$$F(x) = \int_0^x f(t) dt$$

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and to the study of the properties of the function  $K(x)$  defined by the equation

$$K(x) = \int_0^x f(t) dt$$

### Pathology:

The Pathology Department consists of the morgue, autopsy room and a laboratory. All three are modern, well-equipped, and staffed by a part-time pathologist, a tissue technician, and an attendant. The tissue technician also takes EKG readings. The activities of the Pathology Department, for the past year, were as follows:

Surgical Specimens Processed	289
Surgical Slides Processed	468
Special Stains	34
Autopsies	83
Autopsy Slides Processed	1,660
Special Stains	53
Number of EKG's taken	1,016

### FOOD SERVICE DEPARTMENT.

The Administrative Chef is in charge of the Dietary Department, Main Kitchen, Main Dining Room, Clarendon Hall dining room, the bakery, and butcher shops. The Food Service staff includes dietitians, chefs, cooks, kitchen helpers, bakers, butchers, and food service supervisors.

The food is prepared in the main kitchen and served in the main dining room of the hospital, in Clarendon Hall, and in the various wards. All prepared food is transported in modern electric food guerneys, so that the food can be served while still warm and appetizing.

The present menu is varied, well seasoned, nutritious and appetizing. Fresh meat, vegetables and fruits are utilized to the fullest. Frozen vegetables are used in lieu of canned vegetables. The food is handled and prepared in an efficient and sanitary kitchen. Each patient is served individually and in an attractive manner. Each patient's dietary needs are carefully watched and noted by the nursing department and food service department supervisor.

Special diets are steadily increasing, and approximately 735 are prepared daily. The chief dietitian prepares eleven different menus on medical prescription. They are as follows: diabetics, reducing diabetics, low sodium, soft bland, mechanical soft, high calorie, low residue, reducing, low fat, liquid, and vegetarian. The meals served annually number more than 1½ million. Raw food costs have remained approximately 30¢ per meal, which is an indication of good management control by the culinary staff.



### LAUNDRY.

Laguna Honda Hospital has a modern and fully equipped laundry. It is managed by the Laundry Superintendent, whose staff consists of Laundry Utility Workers, Senior Laundry Utility Workers, Laundry Machine Operators, Washers, Senior Washers, and Presser Operators. The laundry is equipped with six 400 lb. washers, one 900 lb. washer, two 400 lb driers, six 110 lb driers, 3 extractors, 1 conditioner tumbler, 2 large, flat-work irons with automatic folder, and 3 steam presses. The Laundry's capacity is 3,000 pounds of laundry per hour. Total production in 1964-65, including laundry for Emergency Hospital, was 4,327,983 pounds. The laundry used 718 gallons of bleach; 13,310 pounds of soap; 12,100 pounds of detergents; 1,200 pounds of laundry sour; and 600 pounds of caustic soda.

The health and welfare of the patients is dependent in part on a steady supply of clean linen. The laundry has furnished this supply throughout the year.

### HOUSEKEEPING.

The housekeeping division is administered by the General Services Manager. His staff consists of Porters, Porter sub-foreman, Porter Foreman, Porter General Foreman, Interior Window-Cleaner, Incinerator Operator, and a Pharmacy Helper. The routine duties of the housekeeping division are to keep all enclosed areas (706,357 square feet) in a sanitary condition at all times; clean all glass; maintain a garbage pick-up/ operate the incineration service; distribute clean linen and pick up the soiled linen.

The special functions of the housekeeping division are transporting equipment; setting up for assemblies; assembling and delivering new furniture; providing and maintaining a key system for the institution; and performing other duties as assigned and needed.

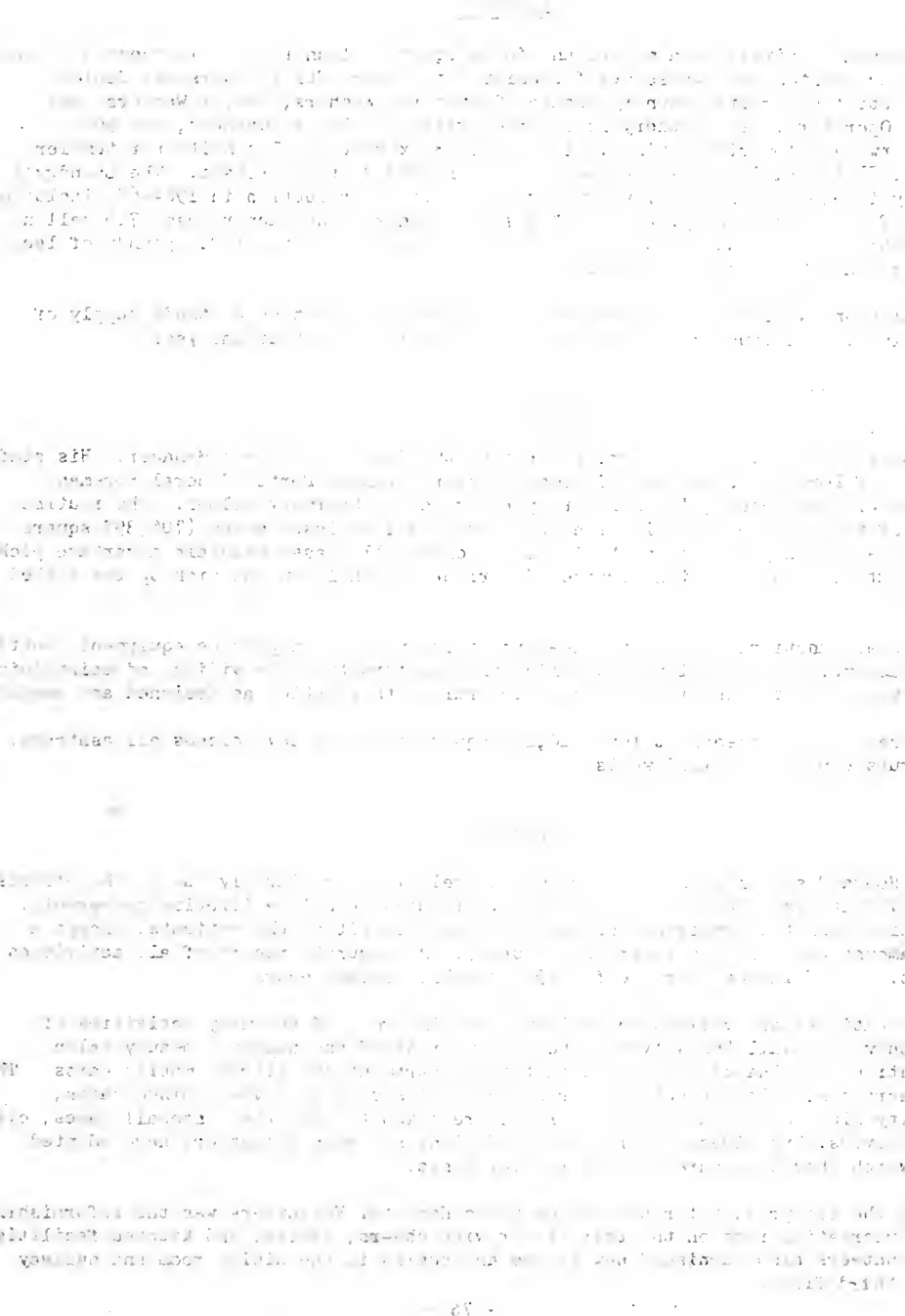
The average porter cleans at least 10,237 square feet per day, cleans all ashtrays, and scrubs unusually soiled walls.

### VOLUNTEERS.

Laguna Honda Hospital's excellent community relations are largely due to the efforts of the Volunteers. There are 446 members, of which 14 hold a lifetime membership. All monies from the membership are used for the benefit of the patients, except a small amount used for stationery and postage. An accurate record of all activities is kept. The Volunteer Service for 1964 totalled 29,909 hours.

All new patients are visited and welcomed and informed of the many activities of which they can avail themselves. The Volunteer staff and supply a beauty salon; take patients to Chapel; operate a clothing department and library mobile carts. The Volunteers also help conduct many group activities such as movies, bingo games, community sing, dances and shows. Groups are taken to concerts, baseball games, circuses, movies, bus rides, ice follies, and picnics. Many volunteers have adopted wards which they take care of on a regular basis.

In 1964 the big project for the Laguna Honda Hospital Volunteers was the refurbishing of the recreation room on the third floor with chairs, tables, and kitchen facilities. The Volunteers also furnished new tables and chairs in the dining room and hallway on the third floor.





### VOLUNTEERS.

Every Christmas, the Volunteers stage a Christmas party with casts from various night clubs of San Francisco. Approximately 350 wheelchair patients are brought from the hospital to the auditorium. In addition, the Volunteers purchase, gather, wrap and distribute over 10,000 gifts for the patients.



### HASSLER HEALTH HOME

Hassler Health Home has been well utilized for the benefit of San Francisco citizens since the change of its classification from a tuberculosis hospital to a specialized hospital in internal medicine for chronic diseases and licensed by the State Department of Public Health in August 1964. Only chronically ill patients are now being cared for in this institution.

A census of 218 was reached in January 1965. The average bed occupancy in 1963-64 was only 164. The recent decline in our census to 200 resulted from lack of patient space due to the necessary renovations being done on one of the wards (painting, new flooring, etc.). After the completion of these necessary repairs, more patients will be admitted during the month of July. However, in order to operate this hospital at its full capacity of 237 beds and meet the demands of San Francisco General Hospital, an increase in personnel is necessary. This hospital has been budgeted for the care of only 210 patients.

Recently, patients were not only being admitted from San Francisco General Hospital, but also from such hospitals as Mary's Help, Veterans, Letterman, Agnews, etc. Apparently, the disposition problem of chronically ill, indigent patients exists in other hospitals as well as San Francisco General Hospital. Full utilization of the ample space available for expansion at Hassler Health Home would indeed relieve this situation to some extent.

Revenue collected during the 1964-65 fiscal year amounted to \$881,000, at the present rate of \$17.68 per patient, per day. It appears that it would be worthwhile considering the feasibility of expanding the present setup by the addition of a new building in order to increase our patient capacity.

In order to meet the demand for chronic disease patient beds, to improve the dietary and laboratory service and increase the fire safety protection, the following recommendations are suggested:

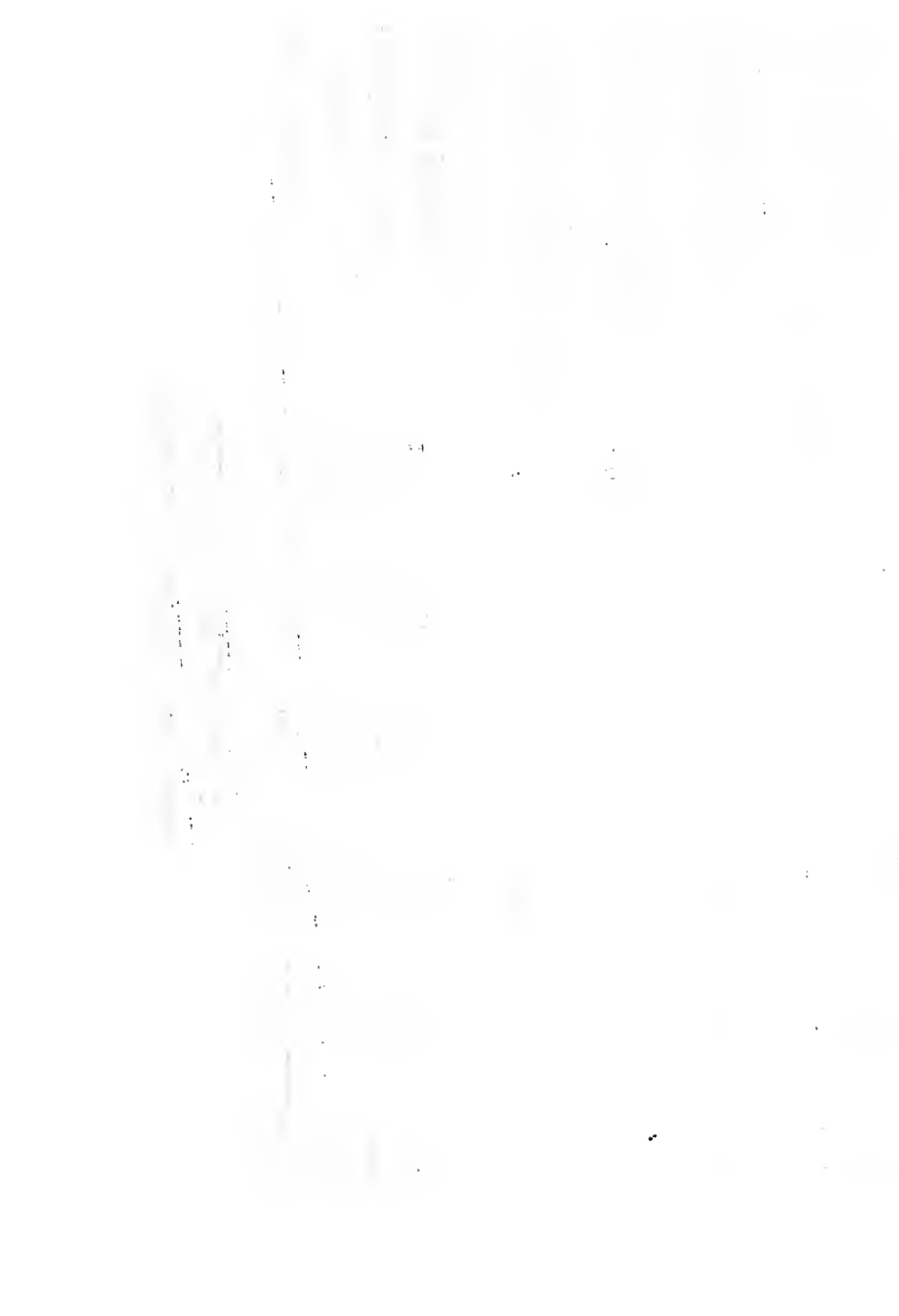
- (1) To operate this hospital at its full capacity of 237 beds by increasing the Nursing, Dietary, Laboratory and Clerical Personnel.
- (2) To reconstruct the Clinical Laboratory in the old Diet Kitchen (underneath Ward IV) as soon as the new Diet Kitchen is constructed on the hill.
- (3) The installation of additional automatic sprinkler systems in all Recreation Rooms, Storerooms and Basements throughout the hospital, especially on Wards V and VI where the non-ambulatory patients are housed.



ANNUAL FISCAL YEAR REPORT - 1964 - 1965

HASLER HEALTH HOME, REDWOOD CITY

<u>FISCAL YEAR</u>	<u>1959-60</u>	<u>1960-61</u>	<u>1961-62</u>	<u>1962-63</u>	<u>1963-64</u>	<u>1964-65</u>
<u>PATIENT DAYS</u>	66,688	64,560	67,337	65,559	60,215	73,739
<u>AVERAGE BED OCCUPANCY</u>	182.20	176.87	184.4	180.0	164.0	202.0
<u>LABORATORY WORK LOAD</u> All types of tests and examinations of clinical value	17,279	17,977	17,169	14,645	15,118	15,815
<u>DENTAL ACTIVITIES WORK LOAD</u> Individual dentures, extractions, fillings and examinations	459	285	251	258	212	237
<u>X-RAY DEPARTMENT WORK LOAD</u> All types of tests and examinations of clinical value	2,408	1,042	1,069	972	979	4,932
<u>CULINARY SERVICE WORK LOAD</u> Meals, regular and special	379,643	372,229	345,894	316,681	292,429	344,331
<u>CLINICAL ACTIVITIES WORK LOAD</u> Individual treatments and examinations	5,306	5,625	5,431	4,424	3,992	5,112
<u>SINGLE MEN'S REHABILITATION CENTER WORK LOAD</u>	1,512	1,973	1,438	1,216	1,131	925



ANNUAL FISCAL YEAR REPORT - 1964 - 1965

HASSLER HEALTH HOME, REDWOOD CITY

<u>FISCAL YEAR</u>	<u>1959-60</u>	<u>1960-61</u>	<u>1961-62</u>	<u>1962-63</u>	<u>1963-64</u>	<u>1964-65</u>
TOTAL ADMISSIONS	210	138	168	137	121	231
TOTAL DISCHARGES	190	137	173	146	145	180
REGULAR DISCHARGES	44	37	45	23	50	25
TRANSFERS	71	46	46	57	53	86
IRREGULAR DISCHARGES	37	27	40	28	12	14
DEATHS	38	27	42	38	30	55
CENSUS	186	187	182	173	145	200





ANNUAL FISCAL YEAR REPORT - 1964 - 1965

HASSLER HEALTH HOME, REDWOOD CITY

<u>FISCAL YEAR</u>	<u>1959-60</u>	<u>1960-61</u>	<u>1961-62</u>	<u>1962-63</u>	<u>1963-64</u>	<u>1964-65</u>
<u>LABORATORY TESTS</u>						
Sputum Concentrates	1,546	1,358	1,222	1,006	825	242
Urinalyses	5,007	13,026	13,326	11,598	11,804	12,205
Blood Examinations	589	1,345	1,241	772	1,346	2,583
Miscellaneous Examinations	2,359	2,157	1,381	1,269	1,143	783
<u>X-RAY DEPARTMENT SERVICES</u>						
14" x 17"	1,071	1,042	1,031	940	1,116	1,136
11" x 14"	194	45	6	2	16	88
8" x 10"	84	52	32	25	24	11



## EMERGENCY HOSPITAL SERVICE

### PURPOSE AND OBJECTIVES

The purpose of the Emergency Hospital Service is to provide emergency medical, surgical and ambulance care to the populace of San Francisco. This Service is, in effect, the liason between the emergency and such time as the patient is put into more permanent care.

The concept of this Service is the same as that of the Police Department and Fire Department, i.e., a public service for protection of life and limb. It is supported by taxes, for the people, so that San Francisco is a better and safer city in which to live.

### RELATIONSHIP

Probably no unit in the city has more inter-relationship with other departments than does the Emergency Hospital Service. Within the Health Department, the Birth and Death Registry, Labs, Communicable Disease, Crippled Children Services and Public Health Nurses have frequent contact. San Francisco General Hospital and Laguna Honda Hospital have daily and constant relationship.

With other departments, the San Francisco Police Department is in daily contact. We answer all multiple fire alarms, some specific single or silent alarms, and occasionally send 3 to 5 ambulances to a single fire, necessitating the hiring of an extra crew. The Municipal Railway calls us for any case involving injury or illness on one of their vehicles and they do not move the car until the patient has been removed by us. The Sheriff's Department calls upon us for transportation of stretcher or wheelchair for cases unable to walk with assistance.

Our records are a most valuable adjunct to attorneys, insurance companies, the Industrial Accident Commission and the Courts, since they provide an immediate and unbiased professional opinion by an M.D.

### PROGRAM

Care is rendered at five Emergency Hospitals on a 24 hour basis with a minimum of one doctor, one registered nurse, one medical steward and one ambulance driver on duty 24 hours daily, 365 days per year. Also, care is provided at Ocean Beach Hospital from 9 a.m. to 5 p.m. every Saturday and Sunday by a doctor and steward (no ambulance). Additionally, by a doctor only, on holidays and each week day during summer school vacation. Harbor, Alemany and Park Emergency Hospitals have the minimum staff; Central has an additional nurse from 3 p.m. to 11 p.m., 2 additional part-time doctors on Friday and Saturday evenings and an extra "trouble-shooter" ambulance from 4 p.m. to midnight. Mission has 24-hour ambulance service, but has all the medical and nursing staff needed and provided by San Francisco General Hospital.

Last year there were 115,151 admissions to all Emergency Hospitals and 39,513 ambulance runs.

### FUTURE

Since no changes were made in last year's projections, the future needs are still the same:



Harbor Emergency Hospital is scheduled (in the immediate future) to be relocated from 88 Sacramento Street to the northwest corner of Clay and Drumm Streets. New building and equipment will be needed, but existing personnel will be moved to the new structure without any increase or reduction. With the advent of a large number of new apartment dwellers in the neighboring area, the number of admissions promises to increase.

There is need for a utility man to transport laundry, drugs, supplies, papers, etc. to and from the various emergency hospitals. This would restore additional ambulance service to the city, since the ambulances would not have to go out of service to perform these non-medical duties. This position would need one driver only (no medical steward).

Park Emergency Hospital will have to be rebuilt some day, and may be moved to the vicinity of 19th Avenue and Lincoln Way to share the Sunset-Parkside burden with Alemany Emergency Hospital.

#### WORK LOAD

The work load is best illustrated by the following table:

<u>Disposi- tion of Patient</u>	<u>Total</u>	<u>Mission</u>	<u>Central</u>	<u>Alemany</u>	<u>Park</u>	<u>Harbor</u>	<u>Ocean Beach</u>
Total	115,151	60,407	17,477	15,199	13,659	8,014	395
Home	87,422	40,645	14,336	13,649	11,868	6,549	395
S.F.G.H.	21,322	18,220	1,668	384	509	541	-
Other Hosps.	5,839	1,366	1,361	1,101	1,209	802	--
Deceased	505	175	99	57	62	112	-
Ambulance Runs 1964	39,513	6,037	17,720	4,489	5,282	5,985	

#### EQUIPMENT

In 1964, two new styled ambulances were tried.

Two "White" bodies were purchased and the Purchasing Department Shops dismantled two of our old ambulances, renovated and improved beds and utilized other equipment. The bodies are walk-in type, and although "boxy" in appearance, the practicality and operating room has offset what they lack in esthetic qualities.

A new autoclave for Alemany Emergency Hospital will be installed this year, which will enhance our maintenance of sterile supplies, dressing cans, etc. More linen surgical supplies and other supplies have been purchased, due to a more generous budget allotment this year.

#### POLICIES

Our accident rate is still remarkably low for the average of 175,000 miles traveled annually. Precautions have been ordered regarding reduced speed, observance of traffic signals when ambulance is empty and slowing down at intersections even when on emergencies with siren and red light. No curtailment or interference with service to the public is evident.



## COMMUNITY MENTAL HEALTH SERVICES

### OVERVIEW

The Community Mental Health Services of the San Francisco Department of Public Health has expanded year by year to a point where it is now more than twice the size it was eight years ago, both in amount of budget and number of personnel. This growth was a result of the Department's awareness of the great unmet need in the community for mental health services and the fortunate passage by the State legislature of the Short-Doyle Community Mental Health Service Act in late 1957 by which the State provided a 50% (now 75%) subsidy to local communities for expansion and development of mental health services. The City and County government responded to the situation over this period by incrementally increasing the budget. However, because of the offset provided by the State reimbursement, it was only in the past year that the actual cost to the local taxpayer exceeded the cost prior to the expansion eight years ago.

Today, San Francisco provides one of the most extensive community mental health services in the State. It is second in size only to Los Angeles County, whose population is many times that of this city. Today, San Francisco's Community Mental Health Services provides a wide spectrum of services--outpatient clinics, alcoholic clinics, an emergency clinic, psychiatric hospitals, a day-care center, a halfway house, consultation services to a variety of non-mental health agencies, and a significant research program, focussing on program evaluation and epidemiological studies.

Today, the Community Mental Health Services is not only caring for and treating twice as many persons and providing more than twice as much service as it did eight years ago but is actively seeking out and gradually developing creative approaches to the widespread problems of mental and emotional illness in the community. Traditional treatment methods have limited applicability--large segments of the population requiring assistance with mental health problems are unresponsive to such methods and new techniques, particularly reaching-out neighborhood-based approaches, need to be devised and validated. Prevention of mental illness remains the greatest undeveloped program area here and throughout the nation and is the area in which least is known, and most needs to be done.

The Community Mental Health Services has progressed toward its objective of improving the general mental health of the community by extensive collaboration with private mental health facilities. Through contractual agreements it has financially subsidized five private hospitals that operate outpatient psychiatric clinics, a private hospital that operates a children's psychiatric inpatient service, a day-care center, and a psychiatric halfway house. It has thereby enabled each of those facilities to markedly expand its services so as to treat more patients. San Francisco is the State-wide leader in this area, having developed more extensive programs than any other community. We are now spending close to a half million dollars annually for contractual mental health services.

Despite all that has been achieved, much more remains to be done. Within the spectrum of services provided by the Community Mental Health Services there are many serious gaps with some vitally needed kinds of services not being

[illegible]



provided and some sections of the population needing care not getting it. Moreover, segments of our existing program need strengthening, realignment and modification to ensure greater effectiveness. Professional staff, too, needs to grow through ongoing training. Continuous program review, evaluation and research is essential to such program and staff improvement and growth.

The program of the Community Mental Health Services consists of four basic services: Outpatient Services, Inpatient Services, Rehabilitation Services and Mental Health Consultation. These services are provided by a variety of facilities, both public and private, located in different parts of the city. The basic professional staff in these facilities consists of psychiatrists, clinical psychologists and psychiatric social workers.

Mental health services are available through these facilities to any resident of San Francisco who is unable to afford private care. On an emergency 24-hour basis, services are available to anyone. Though the costs of these services are, in the main, covered by taxes, fees are charged those persons who have some surplus income.

A universal fee system has been developed which has been in effect for the past several years in all facilities of the Community Mental Health Services, both directly operated and contractual. This fee schedule consists of a sliding scale, ranging from no fee for those persons with no financial ability to pay up to the full cost of service for those who can afford it. No person is denied help because he is unable to pay a fee. The bulk of our patients, coming as they do from the marginal and low-income groups, pay no fee or a token fee.

#### ORGANIZATION

The Community Mental Health Services is one of the three major divisions of the San Francisco Department of Public Health (see Organizational Chart). Within the Department, close working relationships are necessary between Community Mental Health Services, San Francisco General Hospital, and the nine District Health Centers. Within the community, a complex network of relationships with key mental health facilities, social agencies, schools and Courts is also necessary and requires continuous efforts.

#### OFFICE OF THE PROGRAM CHIEF

The Program Chief, the Chief Clinical Psychologist, and the Director of Psychiatric Social Work maintain regular contact with all divisions of the program. In administering the total program, the Program Chief utilizes an Executive Committee consisting of the Director of each facility, the Chief Clinical Psychologist, and the Director of Psychiatric Social Work. The Executive Committee meets with the Program Chief biweekly to review programs, resolve problems and develop policies.

Statistical reporting and data collection systems have been developed by the Chief Clinical Psychologist to provide a regular flow of reliable and significant data whereby the fluctuations in kinds of services and the utilization of professional staff time can be reviewed. This data serves as a valuable foundation for the facility Directors' qualitative assessments of their programs.

Coordination and integration of the total program, deployment of professional staff where the need is greatest, and mobilization of community resources is a continuous responsibility of the Office of the Program Chief. Another major function of this Office is budget preparation and interpretation to the City



Administrator, Mayor, and Board of Supervisors of the program and needs of the Community Mental Health Services.

For over a year, since July 1964, the Community Mental Health Services has operated without a Program Chief. During this period the Chief Clinical Psychologist served as Administrator of the program under direction of the Director of Public Health. As of the latter part of August 1965, a Program Chief has fortunately been secured and acceleration of the Community Mental Health Services' growth and effectiveness is anticipated.

### OUTPATIENT SERVICES

The Outpatient Services consist of ~~four~~ directly operated facilities and five contractual facilities. The directly operated facilities are the Adult Psychiatric Clinic, located at San Francisco General Hospital; the Child Psychiatric Clinic, 1500 Grove Street; the Immediate Psychiatric Aid and Referral Center, San Francisco General Hospital; and the Alcoholism Screening Project, San Francisco General Hospital. The contractual facilities are the Psychiatric Clinics of Children's Hospital, St. Mary's Hospital, Saint Francis Hospital, Presbyterian Hospital, and Mount Zion Hospital.

During the fiscal year July 1964-June 1965, 6,533 patients were served in these Outpatient Clinics. As seen in Figure 1, 50% of these patients ~~was~~ served in the directly operated clinics and 41% in the contractual clinics. These 6,533 patients were provided a total of 63,185 evaluation and treatment interviews in those clinics. As shown in Figure 2, 34% of these interviews was provided by the directly operated clinics and 66% by the contract clinics.

### INPATIENT SERVICES

The Inpatient Services consist of two directly operated facilities and one contractual facility. The directly operated facilities are the Acute Treatment Wards (one female and two male wards of 22 beds each) and the Short-Term Treatment Wards (one female and one male ward of 25 beds each). These wards are located at the San Francisco General Hospital. They provide psychiatric hospitalization and treatment for adults and for children 16 years of age and above. The Acute Treatment Wards provide for immediate hospitalization of seriously disturbed individuals who require psychiatric evaluation, emergency treatment and disposition. The Short-Term Treatment Wards are for selected patients who require a more extended period (up to 90 days) of hospitalization.

The contract facility is the Children's Ward of St. Mary's Hospital. It has a 25-bed capacity. We subsidize approximately five of those beds for severely disturbed children under the age of 16, who require psychiatric hospitalization. The contract reimburses St. Mary's for a maximum of 30 days' hospitalization for any one child within a 12-month period.

During the fiscal year July 1964-June 1965, 5,212 patients were cared for in the Inpatient Services (directly operated and contractual facilities). As shown in Figure 3, 97% of those patients was served in the Psychiatric Treatment Wards at San Francisco General Hospital while 3% was cared for in the contract facilities. Figure 4 shows that 52,278 days of care were provided the 5,212 patients. 83% of those days was provided by the Psychiatric Treatment Wards at San Francisco General Hospital while 17% of the days was provided by the contract facilities.

### REHABILITATION SERVICES

The Rehabilitation Services consist of three directly operated facilities and three contractual facilities. The directly operated facilities are the Adult Guidance

[illegible]

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81. The following facilities are located in the vicinity of the ship's shop:

[illegible]


207963 • 491T


[illegible][illegible][illegible]

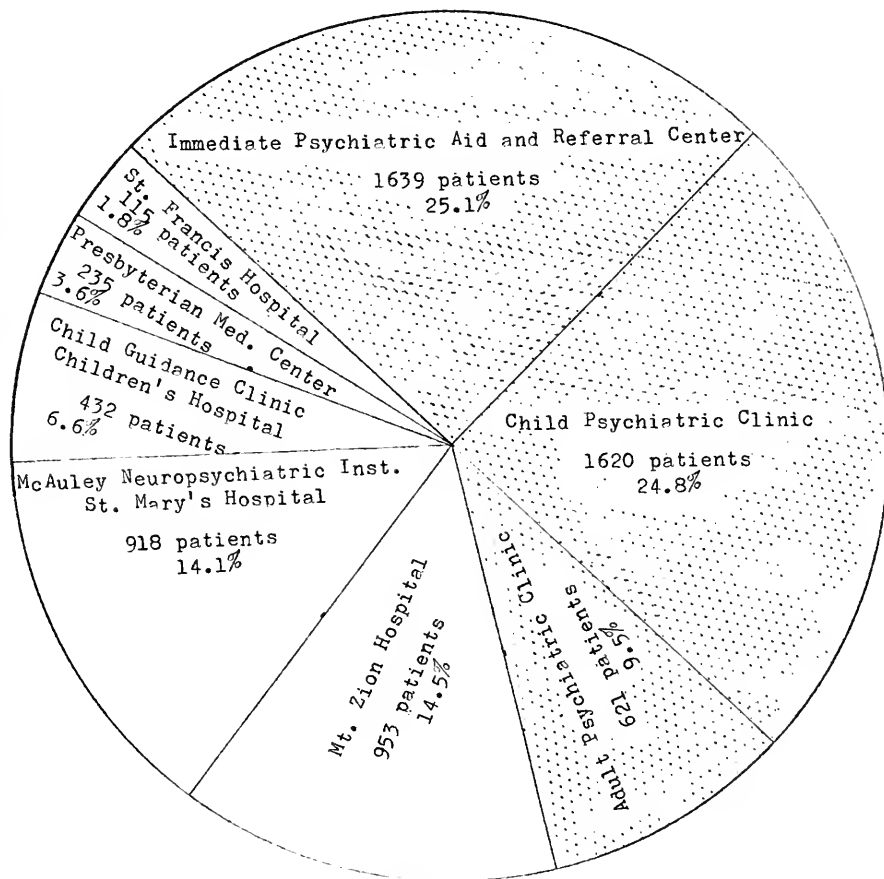
TYPE 34 OTTAWA

Rehabilitation Services Unit of the Department of Health and Human Services, Washington, D.C.

FIGURE 1  
 SAN FRANCISCO COMMUNITY MENTAL HEALTH SERVICES  
 6533 PATIENTS SERVED IN PSYCHIATRIC OUTPATIENT CLINICS\*  
 (DIRECTLY OPERATED AND CONTRACTUAL)  
 FROM JULY 1964 THROUGH JUNE 1965

 = Directly operated clinics  
 3880 patients (59.4%)

 = Contract clinics  
 2653 patients (40.6%)





\*Does not include Adult Guidance Center and its Branch Clinics.

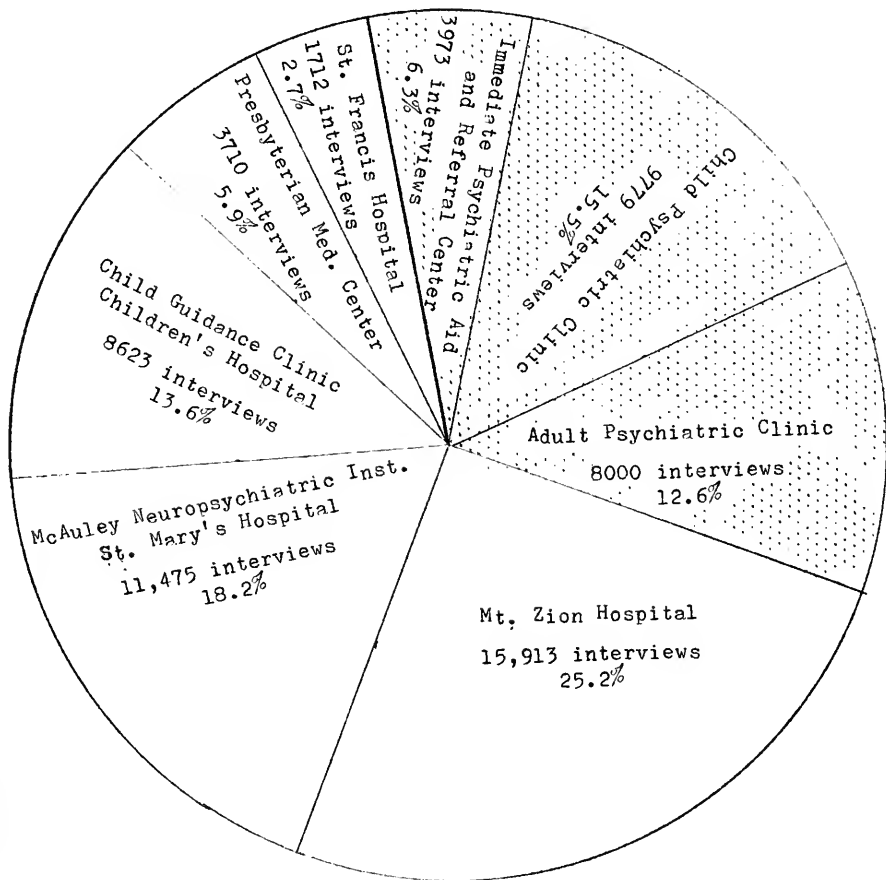


FIGURE 2

SAN FRANCISCO COMMUNITY MENTAL HEALTH SERVICES  
63,185 INTERVIEWS CONDUCTED IN PSYCHIATRIC OUTPATIENT CLINICS\*  
(DIRECTLY OPERATED AND CONTRACTUAL)  
FROM JULY 1964 THROUGH JUNE 1965

 = Directly operated clinics  
21,752 interviews (34.4%)

 = Contract clinics  
41,433 interviews (65.6%)





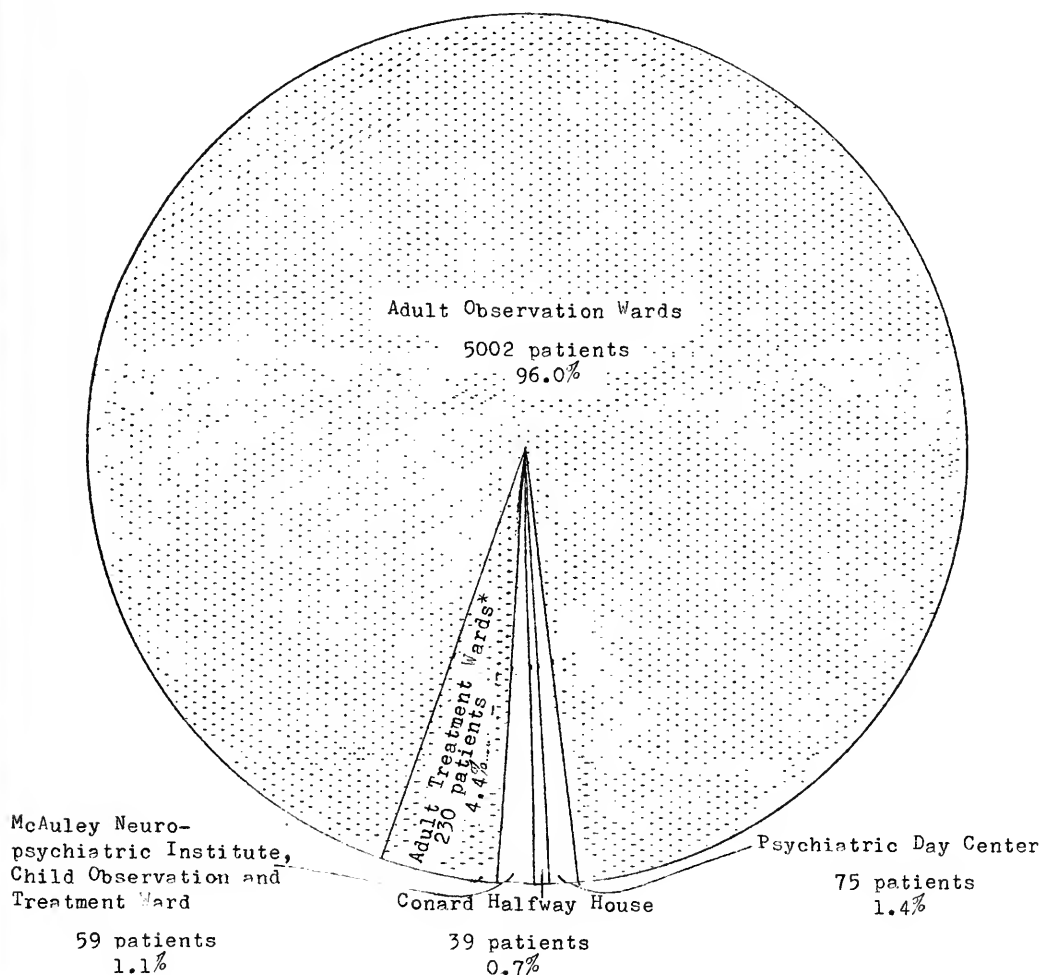
\*Does not include Adult Guidance Center and its Branch Clinics.





SAN FRANCISCO COMMUNITY MENTAL HEALTH SERVICES  
 5212 PATIENTS SERVED IN ALL INPATIENT FACILITIES  
 (DIRECTLY OPERATED AND CONTRACTUAL)  
 FROM JULY 1964 THROUGH JUNE 1965\*\*

-  = Directly operated facilities  
 5039 patients (96.7%)  
 = Contract facilities  
 173 patients (3.3%)





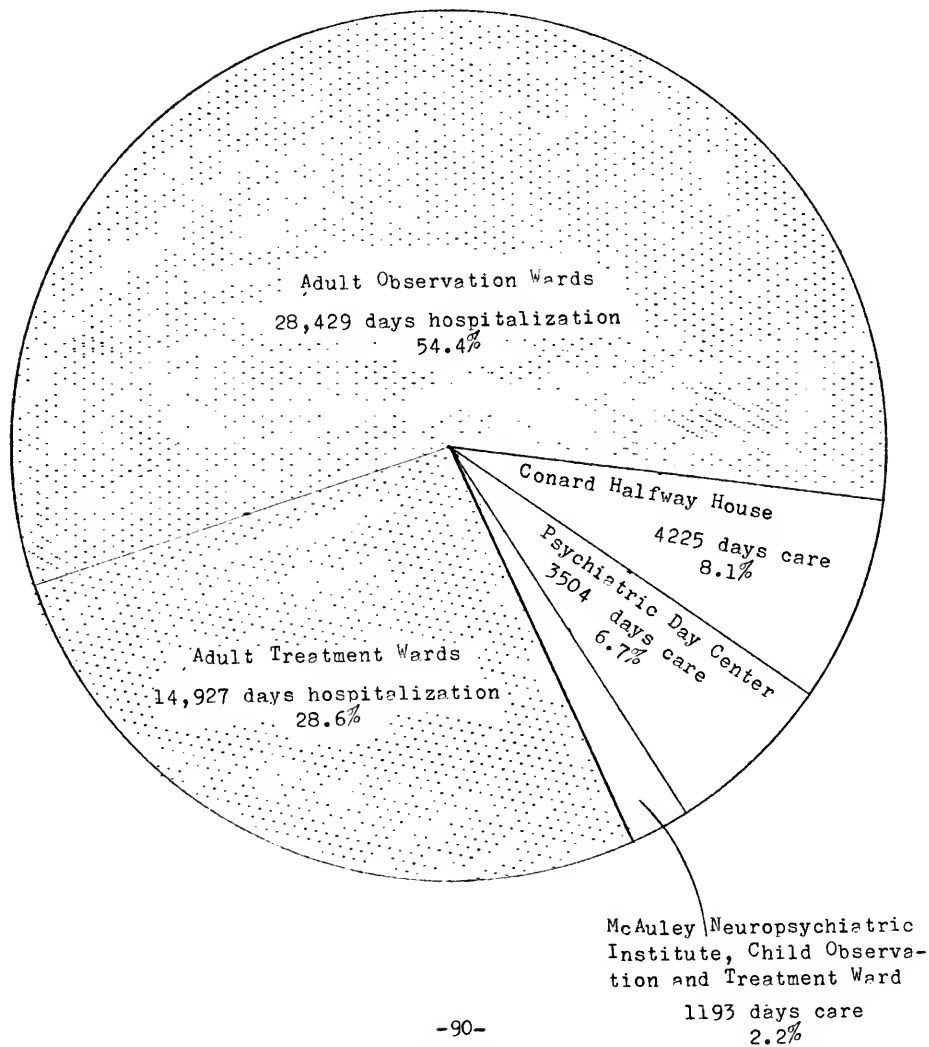
\*193 of the Treatment Ward patients are also included in the 5002 Observation Ward patients since they were hospitalized there first.

\*\*Since there is no central patient register these figures are inflated by an unknown number of patients who are served in more than one facility during the year.



FIGURE 4  
 SAN FRANCISCO COMMUNITY MENTAL HEALTH SERVICES  
 52,278 DAYS CARE PROVIDED IN ALL INPATIENT FACILITIES  
 (DIRECTLY OPERATED AND CONTRACTUAL)  
 FROM JULY 1964 THROUGH JUNE 1965

 = Directly operated facilities  
 = Contract facilities



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Center, a rehabilitation clinic for alcoholics located at 2107 Van Ness Avenue, and its two Branch Clinics for alcoholics - the County Jail Clinic at San Bruno, and the AGC Branch Clinic at Children's Hospital, 420 Cherry Street. The last-named facility ceased operations on July 1, 1965

The contractual facilities are the Psychiatric Day Center, 620 Balboa Street; Conard Halfway House, 2441 Jackson Street; and a just completed contractual agreement with the California Division of Vocational Rehabilitation. The latter is a highly significant pioneering development in our Community Mental Health Services. It will provide vocational rehabilitation services to selected patients from all of the Community Mental Health Services' facilities, direct and contractual, and will commence operation in September of 1965. Ours is the first community mental health program in California to develop a plan for close integration of vocational rehabilitation services with mental health services and constitutes a prototype for the State.

Since alcoholism is a public health problem in San Francisco of great magnitude, it is useful to know the extent to which alcoholic patients are served by the Community Mental Health Services. In our Psychiatric Wards at San Francisco General Hospital, 41% of the patients admitted were alcoholics. In our Outpatient Services, as shown in Figure 5, 8,760 patients were served in all the outpatient clinics and the alcoholic clinics. Of these, 75% were general psychiatric patients and 25% were alcoholic patients. These 8,760 patients received a total of 80,481 evaluation and treatment interviews. From Figure 6, it is seen that 79% of these interviews was provided the general psychiatric patients and 21% the alcoholic patients.

#### MENTAL HEALTH CONSULTATION

Consultation services are regularly provided, without charge, by specially trained Community Mental Health Services psychiatrists, clinical psychologists and psychiatric social workers to non-mental health agencies in the community upon request. Last year, 1,786 hours of mental health consultation were provided to 31 community agencies.

#### TOTAL SERVICES

The Community Mental Health Services total budget rose from \$1,305,486 in 1957-1958 to \$2,252,137 in 1964-1965 and \$3,249,565 in 1965-1966.

The total amount of fees collected from patients served in all facilities, Outpatient and Inpatient (directly operated and contractual), rose from \$100,940 in 1957-1958 to \$214,543 in 1964-1965. Of the \$214,543 collected in 1964-1965, \$62,917 was for Outpatient Services (\$11,148 from the directly operated facilities and \$51,769 from the contractual facilities) and \$151,626 was for Inpatient Services (\$145,771 from the San Francisco General Hospital Psychiatric Wards and \$5,855 from the contractual facilities).

The total number of patients served in all facilities, Outpatient and Inpatient (direct and contractual facilities), rose from 7,720 patients in 1957-1958 to 13,972 patients in 1964-1965.

The increase was greatest in the Outpatient Services (directly operated and contractual), which rose from 2,549 patients served in 1957-1958 to 8,760 patients served in 1964-1965.

The number of patients cared for in Inpatient Services (directly operated and contractual), rose from 5,171 in 1957-1958 to 6,797 in 1963-1964 and then, through improved admission and screening procedures at SFGH Psychiatric Wards, was reduced to 5,212 in 1964-1965.

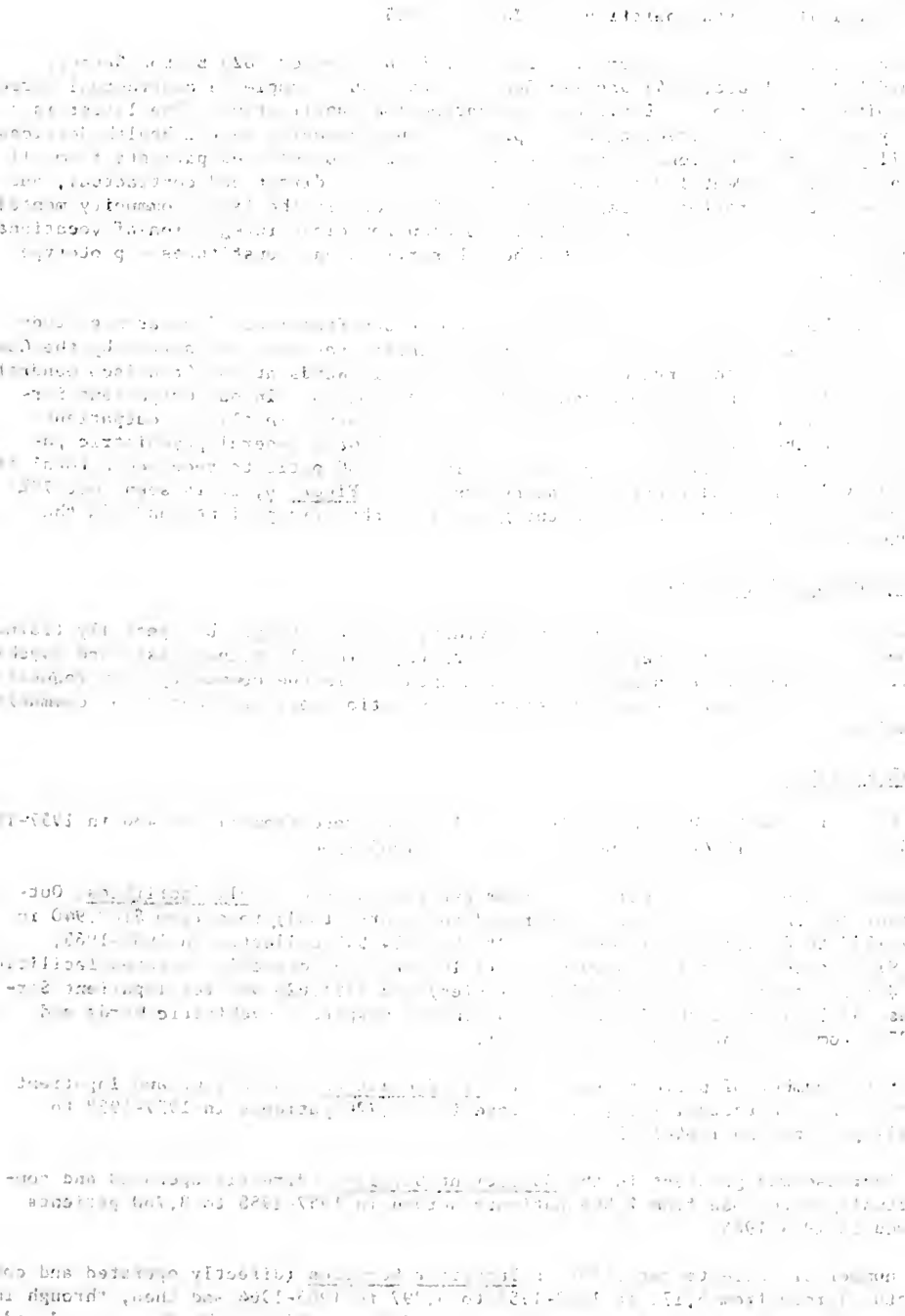
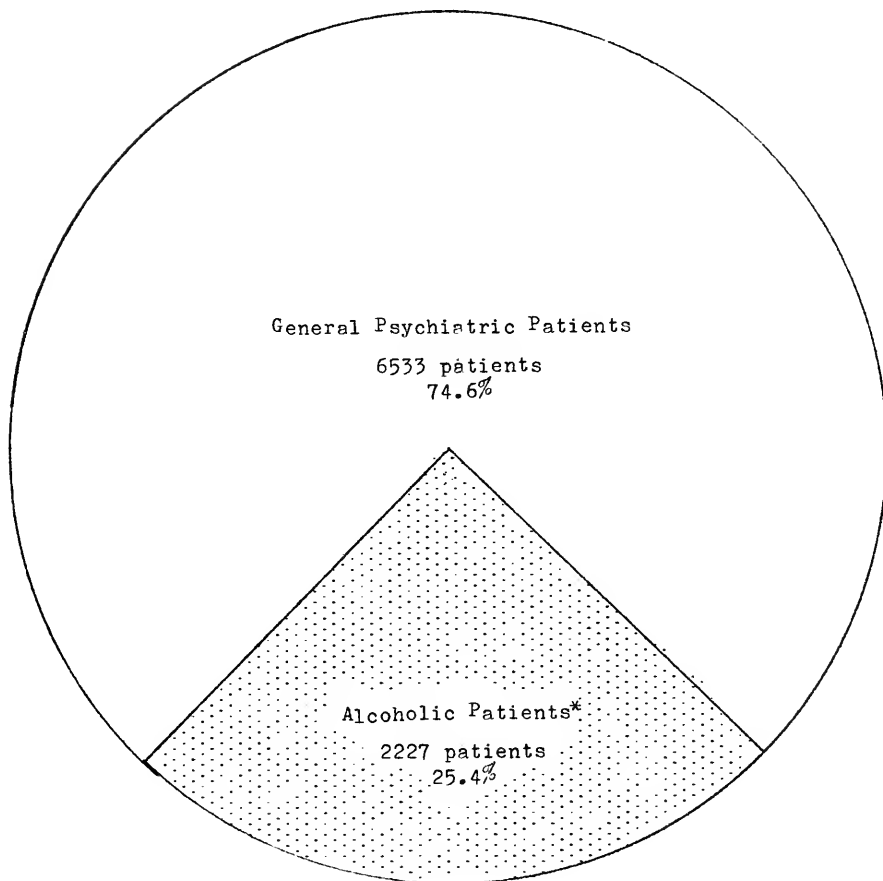


FIGURE 5  
SAN FRANCISCO COMMUNITY MENTAL HEALTH SERVICES  
8760 PATIENTS SERVED IN PSYCHIATRIC OUTPATIENT FACILITIES  
(DIRECTLY OPERATED AND CONTRACTUAL)

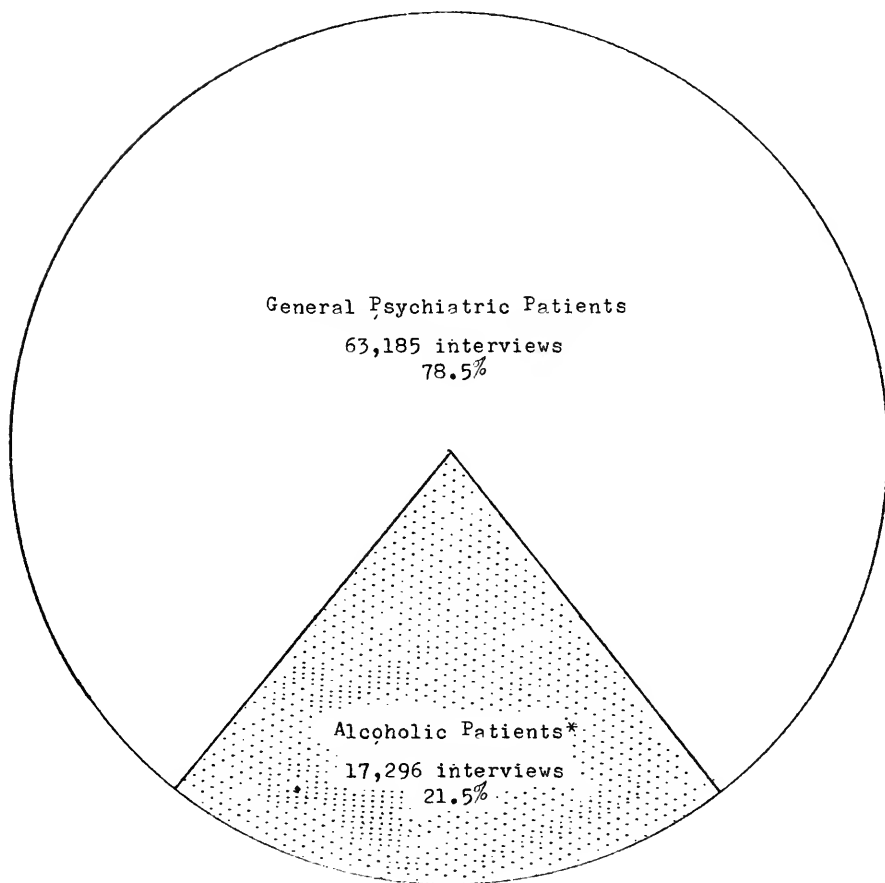


\*Consists of all patients served in Adult Guidance Center; AGC Branch Clinic, Children's Hospital; AGC Branch Jail Clinic; and Alcoholism Screening Project, SFGH.





FIGURE 6  
SAN FRANCISCO COMMUNITY MENTAL HEALTH SERVICES  
80,481 INTERVIEWS CONDUCTED IN PSYCHIATRIC OUTPATIENT FACILITIES  
(DIRECTLY OPERATED AND CONTRACTUAL)  
FROM JULY 1964 THROUGH JUNE 1965



\*Consists of interviews given to all patients served in Adult Guidance Center; AGC Branch Clinic; Children's Hospital; AGC Branch Jail Clinic; and Alcoholism Screening Project, SFGH.



The amount of service provided patients in all Outpatient Services (directly operated and contractual) rose from 37,168 evaluation and treatment interviews in 1957-1958 to 30,481 such interviews in 1964-1965.

The number of days care provided patients in all Inpatient Services (directly operated and contractual) rose from 32,949 days in 1957-1958 to 52,278 in 1964-1965.

Figure 7 shows the distribution of the 13,972 patients served in all facilities in 1964-1965. 27.3% of these patients were served in the directly operated outpatient clinics; 19.0% in the contractual outpatient clinics; 15.9% in the directly operated alcoholic rehabilitation clinics; 35.7% in the SFGH Acute Treatment Wards; 1.6% in the Short-Term Treatment Wards; 0.5% in the contractual Children's Inpatient Ward; 0.4% in the contractual Day Center; and 0.3% in the contractual Half-way House.

The Statistical Report of Services on pages 98 - 101 shows the complete numerical breakdown of all services provided by all facilities (directly operated and contractual) of the Community Mental Health Services for the period July 1964-June 1965.

### PROBLEMS AND NEEDS

Each facility's program has been detailed in previous Annual Reports so it will not be repeated here. Following are some of the more crucial unmet needs:

#### 1. Personnel





There has been a continuous problem throughout our directly operated facilities in securing the highly trained professional personnel required to fill vacant positions. Psychiatrists, clinical psychologists and psychiatric social workers are greatly in demand throughout the nation with the burgeoning of mental health programs everywhere under the impetus of Federal and State subsidies. We must be in a competitive position with other public and private mental health facilities in order to attract and hold qualified professionals. A major barrier to effective recruitment has been certain civil service regulations:

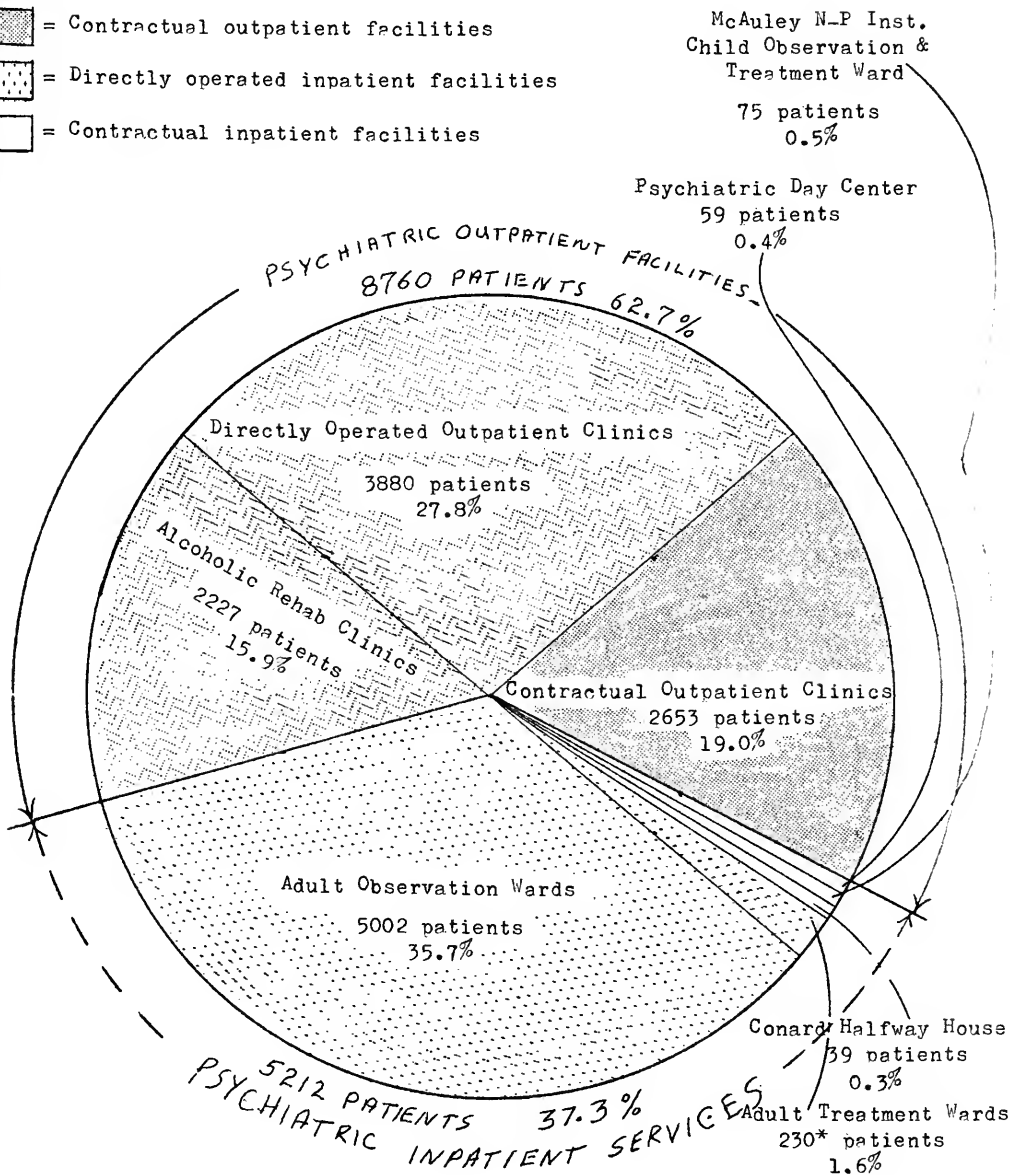
- a. The requirement that all employees must live in San Francisco has resulted in our losing many candidates who otherwise would have accepted a position with us. Presently, the San Francisco Board of Supervisors is considering an ordinance to liberalize this requirement by allowing city employees to live anywhere within a 30-mile radius of San Francisco. This would aid our recruitment. We hope it is enacted.
- b. Salary levels for our professional staff have generally been too low. For some positions there have been extreme inequities. Upward revision of salaries is essential for recruitment and retention of qualified professionals.
- c. Professional staff, like all other employees, can only be hired at the entrance salary, even though they may have qualifications and years of experience considerably in excess of the minimum requirements. We are not permitted to hire at a higher step within the salary range. Consequently, the more experienced professionals do not accept employment with us because it would mean a considerable decrease in their current earnings. The Civil Service Commission has been requested to allow the Department to hire at above the entrance level in such cases and we hope for a favorable response.
- d. Civil Service regulations generally require that professional positions at the supervisory and administrative level be filled exclusively by promotion. Though we concur in the value of a career system, the needs of the program necessitate securing the best-qualified person for such key posts.



SAN FRANCISCO COMMUNITY MENTAL HEALTH SERVICES  
 13,972 PATIENTS SERVED IN ALL FACILITIES  
 (DIRECTLY OPERATED AND CONTRACTUAL)  
 FROM JULY 1964 THROUGH JUNE 1965\*\*

FIGURE 7

-  = Directly operated outpatient facilities
-  = Contractual outpatient facilities
-  = Directly operated inpatient facilities
-  = Contractual inpatient facilities



\*193 of the Treatment Ward patients are also included in the 5002 Observation Ward patients since they were hospitalized there first.

\*\*Since there is no central patient register these figures are inflated by an unknown number of patients who are served in more than one facility during the year.



If such a person exists among our staff we would want to advance him. However, such a closed system prevents securing persons with superior qualifications outside the city-service. We, therefore, need to have Civil Service regulations modified so as to permit key positions to be filled by a combined promotional and open examination which would pool all candidates and rank them on a single list. Such a system would assure securing the best person from the broadest pool of qualified candidates.

- e. When a Civil Service examination is given for any position in city-service, a list of eligible candidates is established from which appointments are made to existing vacancies. All other Civil Service systems, Federal, State and county, allow the hiring agency to select the person for the job from among the top three persons on the list. San Francisco requires that the person at the head of the list be employed. Often only a few points may separate the top people and the second or third person on the list may more fully meet the agency's needs. Change of this Civil Service regulation to conform to the practice in all other Civil Service systems would aid the city's agencies to fill their vacancies more appropriately, without diminishing the value of the merit system.

## 2. Help for the suicidal person

Suicide is the seventh leading cause of death in San Francisco and thereby constitutes a major mental health problem. The Community Mental Health Services has no systematic program for dealing with suicidal persons. Each month some 70 persons are brought to the Psychiatric Wards at the San Francisco General Hospital after having unsuccessfully attempted suicide. For the most part, these persons are discharged after a day or two without follow-up treatment at this most critical time. Additional staff and possibly redeployment of existing staff needs to be utilized in a planned program of care for this patient population.

## 3. Treatment for patients discharged from state hospitals

No follow-up care is provided in the Community Mental Health Services for these patients. A transition program for these ex-State Hospital patients, involving psychopharmacological treatment, social casework, psychotherapy, and rehabilitative services would be of great help in reintegrating these patients into the community. Readmissions into the State Hospitals and reduction of overcrowding on the SFGH Acute Treatment Wards would result.

## 4. Maintenance psychopharmacological therapy for chronic patients

Due primarily to inadequate drug budgets, this needed service, especially for the large number of patients treated briefly and then discharged from the SFGH Acute Treatment Wards, has not been available. This is a major gap in service and is essential for this group of patients.

## 5. Domiciliary facilities for psychiatric and alcoholic patients

A large number of patients who have been briefly hospitalized in the SFGH Acute Treatment Wards because of mental illness or alcoholism no longer require such hospitalization but do need a sheltered living environment during their rehabilitation period. A major problem has been the lack of a suitable domicile which would provide an accepting and protective living environment for at least a few weeks after hospitalization. Many such patients relapse under the pressures of normal living conditions. Either supervised boarding houses or licensed family-care homes, as used by the State, could meet a large part of this need.





6. Outpatient detoxification of the acutely intoxicated person

Such services are presently provided to only a small number of alcoholics by the Presbyterian Hospital and by the City Health Department's emergency hospitals. Because of the immensity of this problem (there are some 30,000 arrests for drunkenness each year in San Francisco) much more detoxification services need to be readily available in various locations in the community.

7. Inpatient medical treatment for the acutely intoxicated alcoholic

At present the SFGH Acute Treatment Wards are the only facility available. Only patients in or on the verge of delirium tremens are accepted. A psychiatric service is not the place for such patients. What is needed is a primarily medical treatment ward which also includes psychiatric and social-service staff.

8. Long-term domicile for alcoholics

Many persons with alcoholic problems are never able to live independently. A long-term sheltered domicile would enable such persons to maintain at least a marginal life adjustment.

9. District mental health teams

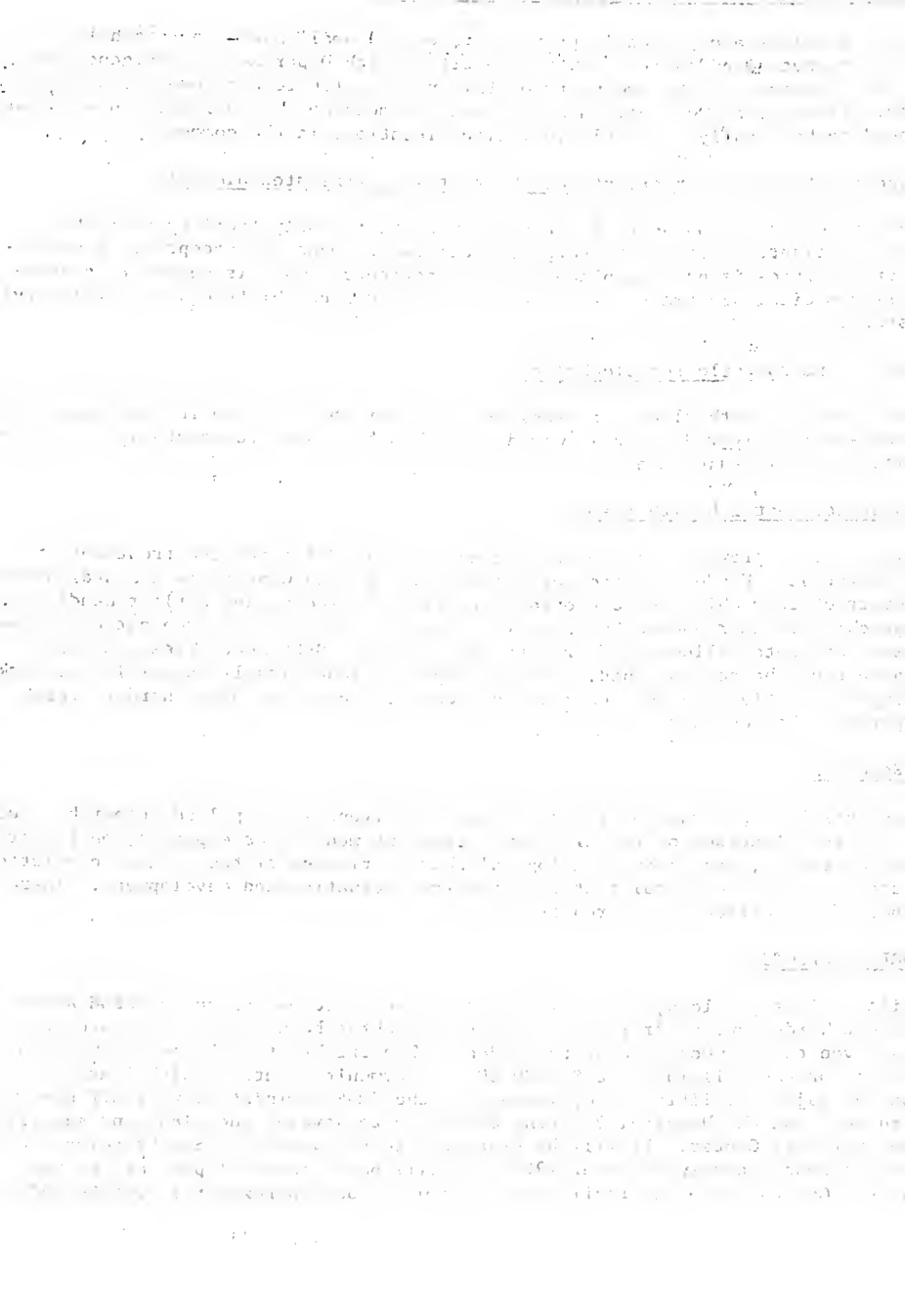
In order to prevent major mental illness, early detection and treatment are imperative. Needed for each of the District Health Centers is a mental health district team which could provide earlier case-finding and earlier handling of psychiatric emergencies by providing immediate treatment in the patient's home. More adequate follow-up after discharge from the SFGH Acute Treatment Ward also could be accomplished. Such an approach lends itself especially to working with patient in the lower socio-economic groups and other hard-to-reach persons who need care.

10. Research

Essential to program modification and effectiveness is applied research. Such research, focussed on the different treatment modalities employed, on key-program aspects, and on epidemiological characteristics of the patient population, can often be a critical factor in program evaluation and development. There is need for additional research staff.

FUTURE PROSPECTS

Despite serious problems, especially that of the overcrowding on the SFGH Acute Treatment Wards, our staff is convinced that much has been accomplished over the years, even though much remains to be done. The brightest light on the horizon is the plan for the building of a \$9,000,000 Community Mental Health Center to house our major facilities. Key members of the CMHS administrative staff have worked arduously on the Hospital Planning Committee to develop the plans and specifications for this Center. It will be presented to the voters of San Francisco in the form of a bond issue in November 1965. It will be an integral part of the San Francisco General Hospital facilities which will cost approximately \$34,000,000.



SAN FRANCISCO COMMUNITY MENTAL HEALTH SERVICES.  
STATISTICAL REPORT OF SERVICES PROVIDED DURING FISCAL YEAR JULY 1, 1964 - JUNE 30, 1965  
(DIRECTLY OPERATED AND CONTRACTUAL FACILITIES)

PSYCHIATRIC OUTPATIENT SERVICES

A. DIRECTLY OPERATED FACILITIES

1. Number of Patients Served

	Adult Psych. Clinic	Child Psych. Clinic	Psych. Aid & Refer. Center	Alcoh. Screen. Project*	Adult Guid. Center	AGC-CH Branch Clinic	AGC Jail Clinic	Total Outpatient Services
Beginning caseload	256	668	71	0	390	70	68	1,523
No. of patients admitted	365	952	1,568	119	829	59	692	4,584
Total patients served	621	1,620	1,639	119	1,219	129	760	6,107**

2. Number of Interviews Conducted

Individual interviews	4,742	7,537	3,939	186	11,982	1,428	2,045	31,859
Group interviews	3,258	2,242	34	0	1,221	72	362	7,189
Total interviews	8,000	9,779	3,973	186	13,203	1,500	2,407	39,048

\*\*Since there is no central patient register this figure is inflated by an unknown number of patients who are served in more than one facility during the year.

\*Started June 1, 1965; figures, therefore, are for 1 month.

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THE UNIVERSITY OF CHICAGO

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$$\frac{1}{2} \int_{-\infty}^{\infty} \frac{1}{x^2} dx = \frac{1}{2} \left[ -\frac{1}{x} \right]_{-\infty}^{\infty} = \frac{1}{2} \left( \frac{1}{\infty} - \frac{1}{-\infty} \right) = \frac{1}{2} (0 + 0) = 0$$

—

# B. CONTRACT FACILITIES SUBSIDIZED BY SFCMHS

## 1. Number of Patients Served

	McAuley N-P I Psych. Clinic	St. Francis Psych. Clinic	Mt. Zion Psych. Clinic**	Total Outpatient Services
Beginning caseload	200	75	624	1,756
No. of patients admitted	364	87	701	2,525
Total patients served	564	1,816	1,325	4,281
Short-Doyle patients only	432	115	953	2,653
S-D % of total patients	76.6%	71.0%	71.9%	62.0%

## 2. Number of Interviews Conducted

Individual interviews	6,683	6,514	1,781	5,322	19,204	39,504
Group interviews	2,854	11,886	426	1,139	402	16,707
Total interviews	9,537	18,400	2,207	6,461	19,606	56,211
Short-Doyle interviews only	8,623	11,475	1,712	3,710	15,913	41,433
S-D % of total interviews	90.4%	62.4%	77.6%	57.4%	81.2%	73.7%

## C. ALL FACILITIES (DIRECT AND CONTRACTUAL\*)

Total patients served

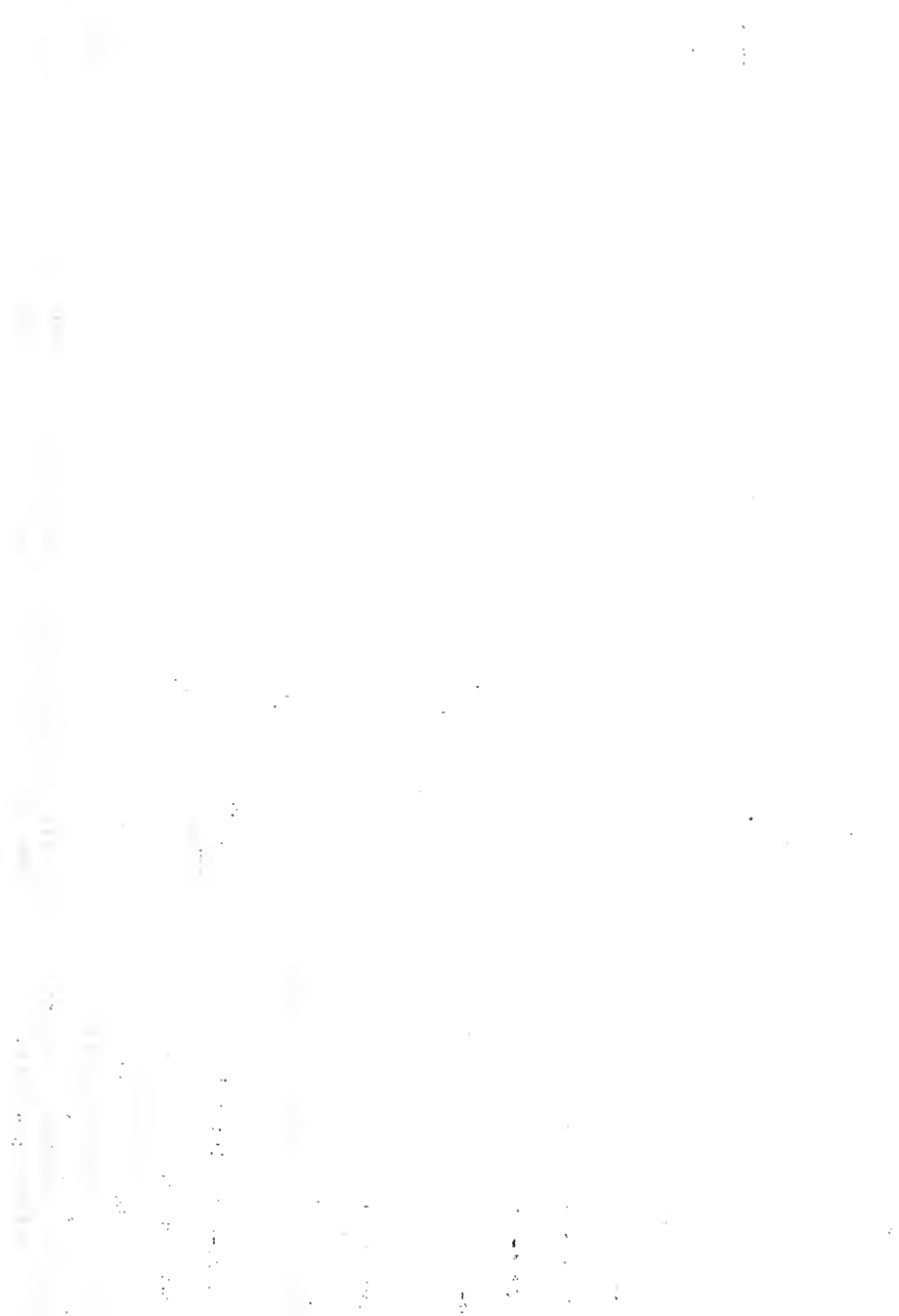
8,760

Total interviews conducted

80,481

\*Only that portion of the private facility's caseload which is subsidized by SFCMHS is reported here, i.e., the Short-Doyle cases only.

\*\*Came under SFCMHS July, 1964.



# PSYCHIATRIC INPATIENT SERVICES

<u>San Francisco General Hospital</u>			<u>McAuley N-P Children's Ward</u>			<u>Total</u>
<u>Observation</u>	<u>Treatment</u>	<u>Wards</u>	<u>Patients</u>	<u>S-D</u>	<u>S-D % of</u>	<u>Inpatient Services**</u>
				<u>Patients</u>	<u>Total Patients</u>	
1. <u>Number of Patients Served</u>						
Beginning caseload	100	37	6			
No. of patients admitted	4,902	193	121			
Total patients served	5,002	230	127	75	59.1%	5,114
2. <u>Number of Days Hospitalization Provided</u>						
			43,356	1,193	43.2%	44,549

## PSYCHIATRIC DAY CARE SERVICES

Psychiatric Day  
Care Center

1. Number of Patient Served

Beginning caseload 32

No. of patients admitted 46

Total patients served 78

Short-Doyle patients only 59

S-D % of total patients 75.6%

Conard House

20

21

41

39

95.1%

## 2. Number of Days Care Provided

Full days 3,933

Half days 1,127

Total days 4,496  $\frac{1}{2}$

Short-Doyle days only 3,503  $\frac{1}{2}$

S-D % of total days 77.9%

4,621

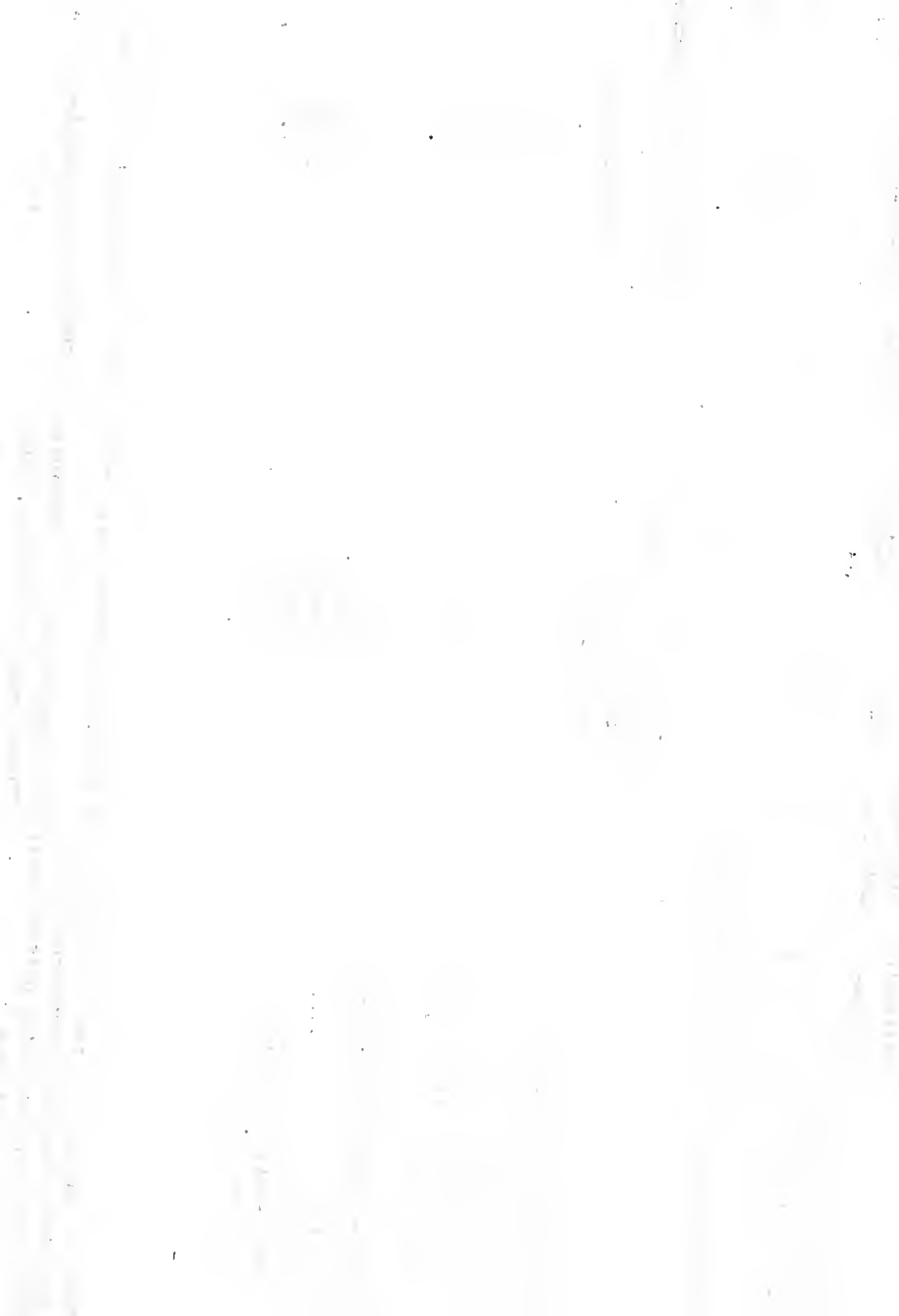
4,225

91.4%

\*This is the same as the Observation Ward figure since every case admitted into the Treatment Wards was first admitted into the Observation Wards.

\*\*Only that portion of the private facility's caseload which is subsidized by SFCMHS is reported here, i.e., the Short-Doyle cases only.

\*\*\*Came under SFCMHS July, 1964.





TOTAL PSYCHIATRIC SERVICES, DIRECT AND CONTRACTUAL\*

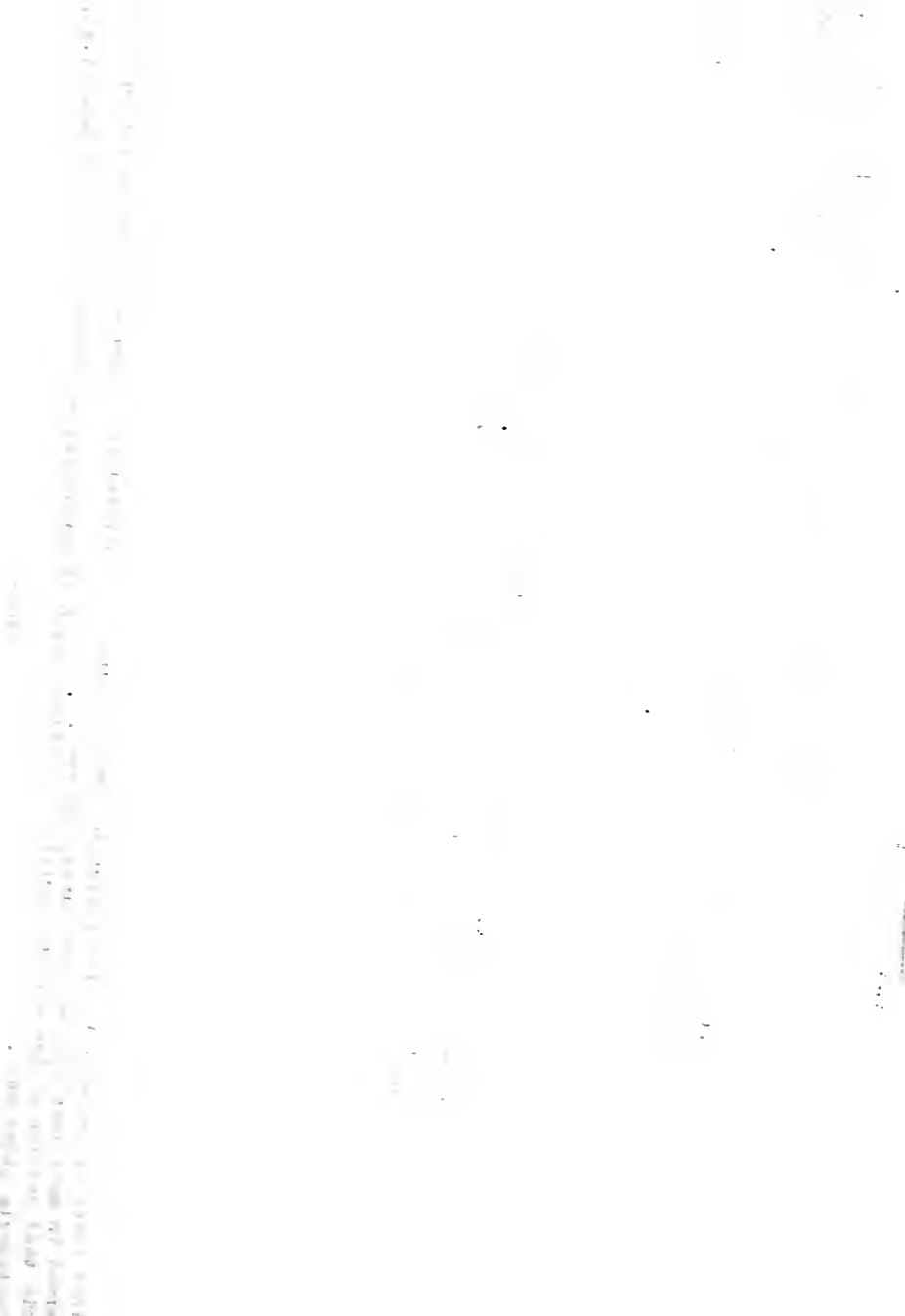
	<u>No. of Patients Served</u>	<u>No. of Interviews Conducted</u>	<u>No. of Days Hospitaliz. Provided</u>	<u>No. of Days Care Provided</u>
Psychiatric Clinics	8,760**	80,481	44,549	7,728½
Inpatient Services	5,114**			
Day Care Services	59			
Halfway House	39			
Total	13,972**			

MENTAL HEALTH CONSULTATION TO AGENCIES IN THE COMMUNITY

Number of hours of consultation provided	1,785½
Number of community agencies served	31

\*\*Since there is no central patient register these figures are inflated by an unknown number of patients who are served in more than one facility during the year.

\*Only that portion of the private facility's caseload which is subsidized by SFCMHS is reported here, i.e., the Short-Doyle cases only.



DEPARTMENT OF PUBLIC HEALTH - CENTRAL OFFICE BUREAU

OTHER THAN PERSONAL SERVICE ACCOUNTS

Account No.	1964-65 Budget Allowance	Adjust- ments	1964-65 Adjusted Allowance	Expended and Encumbered	Balance
<u>Accounting</u>					
4.511.200.000	\$ 195	\$	\$ 195	\$ 191	\$ 4
4.315.218.511	60		60	36	24
4.314.225.511	3582	(800)	2782	2121	661
4.511.300.000	425		425	409	16
4.315.400.511	1085		1085	727	358

Administration

4.513.200.000	49985	(1165)	48820	48663	152
4.312.218.513	1815	200	2015	1304	711
4.315.218.513	1150	800	1150	1025	125
4.313.224.513	1700		2500	1841	659
4.314.225.513	400		400	273	127
4.695.231.513	7229		7229	7229	-
4.315.232.513	31000		31000	25440	5560
4.315.232.513.01	155		155	28	127
4.311.237.513	740		740	686	62
4.513.267.000	105000	8000	113000	112857	143
4.513.267.001	35000	(18300)	16700	9615	7085
4.513.267.002		18300	18300	7397	10903
4.513.267.003	25000	103603	128603	128461	142
4.513.300.000	3000		3000	2998	2
4.315.321.513	300		800	627	173
4.513.361.000	3400		3400	3366	34
4.315.370.513	90		90	83	7
4.315.375.513	300		300	292	8
4.315.400.513	2930		2930	2711	219
4.513.800.000	27120	365	27485	27485	-

Bacteriological Laboratory

4.517.200.000	225	1	226	225	1
4.315.218.517	75		75	-	75
4.517.300.000	1125	250	1375	1354	21
4.315.340.517	100		100	96	4
4.517.361.000	7700	(551)	7149	5673	1476
4.517.362.000	5400	300	5700	5700	-
4.315.400.517	9385		9385	9133	252
4.517.999.000		1687	1687	1682	5



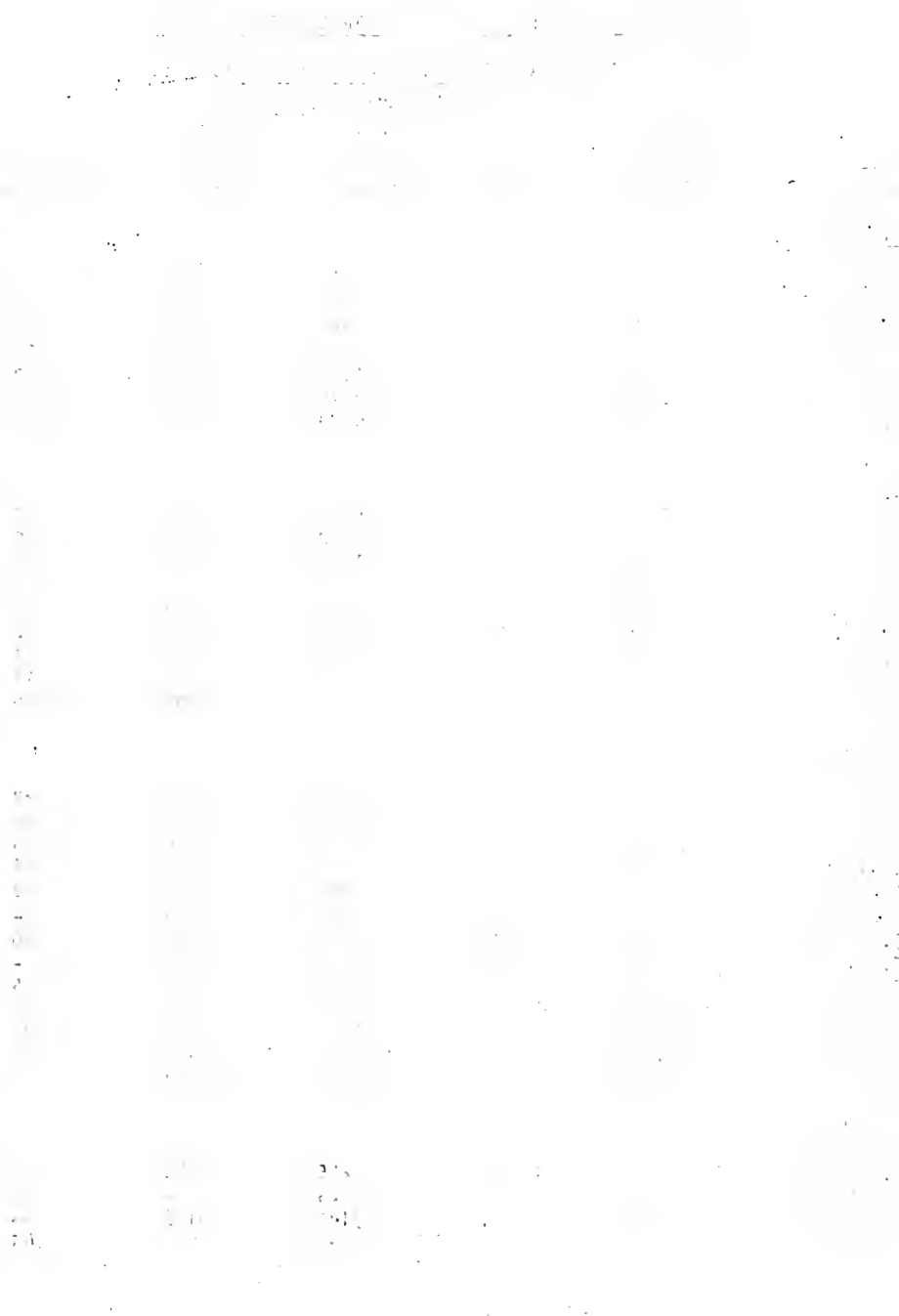
Account No.	1964-65 Budget Allowance	Adjust- ments	1964-65 Adjusted Allowance	Expended and Encumbered	Balance
<u>Chemical Laboratory</u>					
4.519.200.000	\$ 240		240	210	30
4.315.213.519	30		30	-	30
4.519.300.000	140	(12)	136	43	93
4.315.340.519	40	5	45	44	1
4.519.361.000	350		350	337	13
4.519.362.000	440		440	420	12
4.315.400.519	511	7	518	517	1
<u>Maternal and Child Health</u>					
4.521.200.000	616	200	816	808	8
4.521.203.000	400		400	400	-
4.315.218.521	60		60	-	60
4.521.267.000	563392		563392	561863	1529
4.521.300.000	2300		2300	2300	-
4.521.372.000	1938		1938	1912	26
4.315.400.521	1211	(20)	1191	1025	166
4.521.999.000	3827		3827	3142	685
<u>Disease Control</u>					
4.525.200.000	195		195	117	78
4.525.200.010	1198		1198	1113	85
4.525.203.000	250		250	134	116
4.312.216.525.010	150		150	15	135
4.315.218.525	50		50	-	50
4.315.240.525	102		102	75	27
4.525.300.000	1220		1220	1159	61
4.525.300.010	1175	(240)	927	777	150
4.315.321.525.010	120		120	76	44
4.525.361.000	490		490	212	278
4.525.362.000	100		100	34	66
4.525.362.010	1000	248	1248	1248	-
4.315.400.525	235		235	108	47
4.315.400.525.010	60		60	46	14
4.525.999.000	249		249	222	27
<u>Dairy and Milk Inspection</u>					
4.527.200.000	3366	(310)	3556	3335	221
4.315.216.527	3750		3750	3062	688
4.315.218.527	25		25	1687	25
4.527.300.000	1540	150	1690	3653	3
4.315.321.527	4600	(60)	4540	369	897
4.527.362.000	175	220	395	5205	26
4.315.400.527	5360		5360		155



DEPARTMENT OF PUBLIC HEALTH - CENTRAL OFFICE BUREAUS

OTHER THAN PERSONAL SERVICE ACCOUNTS  
(CONTINUED)

<u>Account No.</u>	<u>1964-65 Budget Allowance</u>	<u>Adjust- ments</u>	<u>1964-65 Adjusted Allowance</u>	<u>Expended and Encumbered</u>	<u>Balance</u>
<u>Dental Bureau</u>					
4.529.200.000	\$ 350	\$	\$ 360	\$ 346	\$ 14
4.529.203.000	600		600	596	4
4.529.300.000	355		355	307	48
4.315.340.529	180		180	158	22
4.529.361.000	1165		1165	1118	47
4.529.362.000	2275		2275	2270	5
4.315.400.529	4330		4330	3860	470
<u>Food &amp; Sanitary Inspection</u>					
4.531.200.000	5284	(200)	5084	5074	10
4.531.203.000	7000		7000	6681	319
4.312.216.531	1500	200	1700	1588	112
4.315.218.531	50		50	-	50
4.315.240.531	102		102	90	12
4.531.300.000	2884	1183	4067	3995	72
4.315.321.531	1200		1200	1159	41
4.531.362.000	60		60	47	13
4.315.400.531	6309	(200)	6609	6305	304
<u>Health Centers</u>					
4.535.200.000	3135	(380)	2755	2733	22
4.535.203.000	10000		10000	9060	940
4.312.216.535	500	200	700	695	5
4.315.218.535	200		200	14	186
4.311.237.535	980		980	898	82
4.315.256.535	60		60	60	-
4.535.300.000	2155	1300	3455	2805	650
4.315.321.535	300		300	300	-
4.315.340.535	425	70	495	450	45
4.535.361.000	20000	(1045)	18955	18786	169
4.535.362.000	6000		6000	5874	126
4.315.400.535	5037		5037	4317	770
4.245.880.535	10640		10640	10640	-
<u>Health Education</u>					
4.537.200.000	300	(45)	255	242	13
4.315.218.537	25		25	-	25
4.537.300.000	3095	45	3140	3136	4
4.315.400.537	638		638	493	145





DEPARTMENT OF PUBLIC HEALTH - CENTRAL OFFICE BUREAUS

OTHER THAN PERSONAL SERVICE ACCOUNTS  
(CONTINUED)

Account No.	1964-65 Budget Allowance	Adjust- ments	1964-65 Adjusted Allowance	Expended and Encumbered	Balance
<u>Public Health Nursing</u>					
4.539.200.000	\$ 22605	\$(22000)	\$ 605	\$ 447	\$ 158
4.539.200.001		22000	22000	18657	3343
4.339.203.000	300		300	40	260
4.312.216.539	100		100	14	86
4.315.210.539	50		50	-	50
4.695.231.539	1814		1814	1814	-
4.539.300.000	3500	2500	6000	5674	326
4.315.321.539	100		100	31	69
4.539.350.000	12982	(3097)	9885	2269	7616
4.315.375.539	50	40	90	74	16
4.315.400.539	1885		1885	1409	476
<u>Statistics</u>					
4.541.200.000	848	(25)	823	261	562
4.314.225.541	4400		4400	3839	561
4.315.241.541	8200	25	8225	3210	15
4.541.300.000	2000		2000	1995	5
4.315.400.541	579		579	557	22
4.541.999.000		1251	1251	1248	3
<u>Tuberculosis Control</u>					
4.543.200.000	1744		1744	1668	76
4.543.203.000	399		399	365	34
4.315.218.543	50		50	18	32
4.543.300.000	715	25	740	738	2
4.543.361.000	3625	(25)	3600	3478	122
4.543.362.000	276		276	243	33
4.543.372.000	11750		11750	11436	314
4.315.400.543	1175		1175	1010	165
4.543.999.000		27289	27289	27017	272
<u>Venereal Disease Control</u>					
4.545.200.000	726	50	776	776	-
4.545.203.000	400		400	38	362
4.315.218.545	100	(4)	96	-	96
4.695.231.545	1264		1264	1264	-
4.315.237.545	202		202	185	17
4.315.240.545	156		156	117	39



DEPARTMENT OF PUBLIC HEALTH - CENTRAL OFFICE BUREAUS

OTHER THAN PERSONAL SERVICE ACCOUNTS  
(CONTINUED)

Account No.	1964-65 Budget Allowance	Adjust- ments	1964-65 Adjusted Allowance	Expended and Encumbered	Balance
4.315.256.545	\$ 299	\$ (137)	\$ 162	\$ 153	\$ 9
4.545.300.000	2052	1100	3152	2692	460
4.315.340.545	100	4	104	103	1
4.545.361.000	3000	(1013)	1987	1936	51
4.545.362.000	700		700	670	30
4.315.370.545	84		84	83	1
4.315.375.545	90		90	81	9
4.315.400.545	890		890	863	27
4.245.030.000	3360		3360	3360	-
4.545.800.000	100		100	17702	100
4.545.999.000		21970	21970		4268
<hr/>					
TOTAL CENTRAL OFFICE	\$1117956	\$ 163951	\$ 1281907	\$ 1222121	\$ 59786
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DEPARTMENT OF PUBLIC HEALTH - EMERGENCY HOSPITAL SERVICES

OTHER THAN PERSONAL SERVICE ACCOUNTS

Account No.	1964-65 Budget Allowance	Adjustments	1964-65 Adjusted Allowance	Expended and Encumbered	Balance
4.551.200.000	\$ 425	\$	\$ 425	\$ 395	\$ 30
4.551.203.000	110		110	105	5
4.312.216.551	12525		12525	12525	-
4.315.218.551	60		60	-	60
4.314.225.551	600		600	348	252
4.695.231.551	4020		4020	4020	-
4.315.232.551	5400	1136	6536	6219	317
4.555.236.551	6000		6000	5685	315
4.315.237.551	1062		1062	974	88
4.315.240.551	102		102	90	12
4.551.300.000	4076	200	4276	4270	0
4.315.321.551	5300	70	5370	5242	128
4.315.340.551	2500		2500	2269	231
4.551.350.000	1100	(170)	930	832	98
4.315.351.551	100		100	95	5
4.557.361.551	3000	(100)	2900	2653	247
4.551.362.000	6445	2750	9195	8496	699
4.315.370.551	90		90	83	7
4.315.375.551	25		25	21	4
4.315.400.551	19350		19350	18359	991
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TOTAL					
EMERGENCY HOSPITALS	\$ 72290	\$ 3886	\$ 76176	\$ 72681	\$ 3495

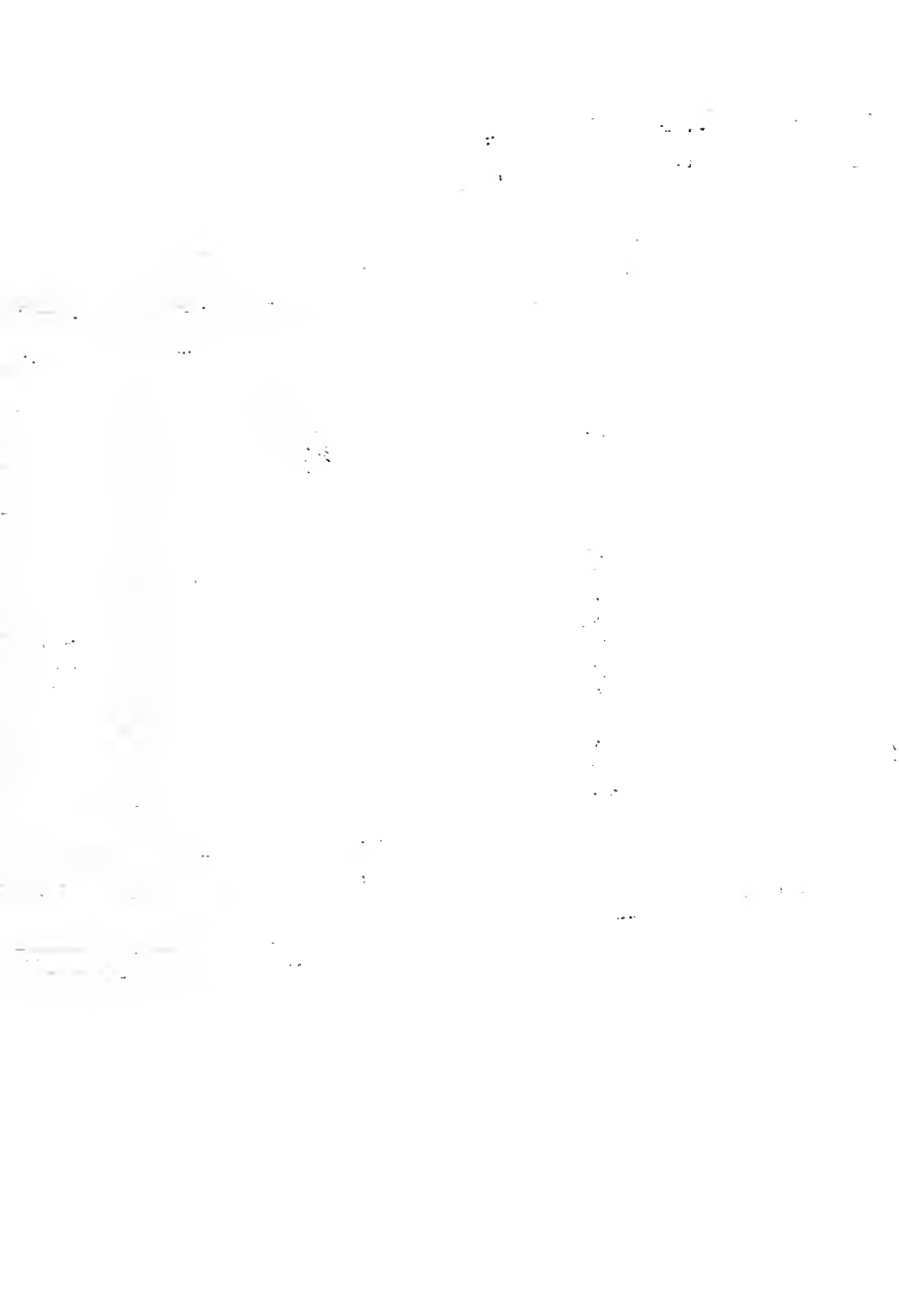


DEPARTMENT OF PUBLIC HEALTH - HASSLER HEALTH HOME

OTHER THAN PERSONAL SERVICE ACCOUNTS

Account Number	1964-65 Budget Allowance	Adjust- ments	1964-65 Adjusted Allowance	Expended and Encumbered	Balance
4.553.200.000	\$ 16074	\$(4065)	\$ 12009	\$ 11798	\$ 211
4.553.200.001		5000	5000	5000	-
4.553.203.000	190		190	189	1
4.312.216.553	1500	262	1762	1762	-
4.315.218.553	150		150	132	18
4.695.231.553	23872		23872	23872	-
4.315.232.553	3100	631	3731	2955	776
4.315.232.553.01	8		8	8	-
4.315.256.553	808		808	546	262
4.553.300.000	12760	2000	14760	14760	-
4.315.321.553	2000		2000	1985	15
4.315.340.553	7225	5575	12800	12408	392
4.553.350.000	78714	(11910)	66804	54164	12640
4.315.351.553	8000		8000	6574	1426
4.555.355.553	26286		26286	18677	7609
4.553.361.000	14500	3000	17500	16997	503
4.553.362.000	6000	200	6200	5804	396
4.553.372.000	1400		1400	1240	160
4.315.375.553	300	60	360	334	26
4.315.400.553	18694		18694	18537	157
4.553.800.000	2825	1312	4137	4124	13
TOTAL	\$ 224406	\$ 2065	\$ 226471	\$ 201866	\$ 24605

HASSLER HEALTH HOME





DEPARTMENT OF PUBLIC HEALTH - LAGUNA HONDA HOSPITAL

OTHER THAN PERSONAL SERVICE ACCOUNTS

Account Number	1964-65 Budget Allowance	Adjust- ments	1964-65 Adjusted Allowance	Expended and Encumbered	Balance
4.555.200.000	\$ 9630	\$ 640	\$ 10320	\$ 9603	\$ 717
4.314.225.555	1000		1000	532	468
4.312.216.555	1320		1320	1320	-
4.315.210.555	250	30	280	229	51
4.695.231.555	117499		117499	117499	-
4.315.232.555	8760		8760	7663	1092
4.315.232.555.01	560	16	576	568	8
4.315.237.555	2272	60	2332	2137	195
4.315.240.555	96		96	90	6
4.315.241.555	1300		1300	1677	123
4.315.256.555	2620	(746)	1874	1730	86
4.555.300.000	30343	(5330)	75513	74599	919
4.315.321.555	1362		1362	1540	322
4.315.340.555	30000	1100	31100	30156	944
4.555.350.000	349051		349051	330097	10954
4.315.351.555	52766	(6055)	45911	45371	540
4.555.355.555	161407		161407	159979	1508
4.555.361.000	103500	15230	118730	115587	3143
4.555.362.000	45000	25900	70900	67105	3795
4.555.372.000	5500	(924)	4576	3907	669
4.315.375.555	156	6	162	161	1
4.315.400.555	74867	(3176)	71691	71691	-

Rehabilitation Wards

4.556.200.000	4108		4108	2618	1490
4.312.218.556	100		100	91	9
4.315.232.556	192		192	115	77
4.315.232.556.01	12		12	8	4
4.556.300.000	10550	(1500)	9050	9050	-
4.315.321.556	438		438	265	173
4.315.340.556	2000		2000	1250	750
4.556.350.000	20550		20550	12491	8059
4.315.351.556	3234		3234	955	2279
4.556.361.000	9100	1500	10600	10411	189
4.556.362.000	6127		6127	5192	935
4.556.372.000	372		372	225	147

TOTAL	\$ 1157677	\$ 25951	\$ 1183628	\$ 1143975	\$ 39653
LAGUNA HONDA HOSPITAL					



DEPARTMENT OF PUBLIC HEALTH - SAN FRANCISCO GENERAL HOSPITAL

OTHER THAN PERSONAL SERVICE ACCOUNTS

Account No.	1964-65 Budget Allowance	Adjust- ments	1964-65 Adjusted Allowance	Expended and Encumbered	Balance
4.557.200.000	\$ 92225	\$(34000)	\$ 58225	\$ 56469	\$ 1756
4.557.203.000	100		100	73	27
4.312.216.557	500	700	1200	1055	145
4.315.218.557	1500	608	2108	1543	565
4.314.225.557	4500		4500	2824	1676
4.695.231.557	117915		117915	117915	-
4.315.232.557	55276	674	55950	55950	-
4.315.232.557.01	1224		1224	899	325
4.315.237.557	5971		5971	5473	498
4.311.238.557	8400	(308)	8092	7250	842
4.315.240.557	96		96	90	6
4.315.241.557	7808		7808	6401	1407
4.315.256.557	1400		1400	1282	118
4.557.267.001		806932	806932	806932	-
4.557.300.000	109250	34000	143250	139377	3873
4.315.321.557	800		800	663	137
4.315.340.557	87000	1000	88000	87102	898
4.557.350.000	323500	(19000)	304500	295620	8880
4.315.351.557	50000	(6000)	44000	43873	127
4.557.361.000	340000	76238	416238	416238	-
4.557.361.001	40000	6000	46000	46000	-
4.557.362.000	200000	32864	232864	232864	-
4.311.370.557	102		102	83	19
4.557.372.000	75000		75000	74395	605
4.315.375.557	350		350	335	15
4.315.400.557	169175	(6000)	163175	158102	5073
4.315.491.557	5000		5000	4990	10
TOTAL	\$ 1697092	\$893708	\$ 2590800	\$ 2563798	\$ 27002
SAN FRANCISCO GENERAL HOSPITAL					



DEPARTMENT OF PUBLIC HEALTH - COMMUNITY MENTAL HEALTH SERVICES

OTHER THAN PERSONAL SERVICE ACCOUNTS

<u>Account Number</u>	<u>1964-65 Budget Allowance</u>	<u>Adjust- ments</u>	<u>1964-65 Adjusted Allowance</u>	<u>Expended and Encumbered</u>	<u>Balance</u>
<u>Administration</u>					
4.561.200.000	\$ 930	\$	\$ 930	\$ 302	\$ 628
4.315.210.561	50		50	-	50
4.561.203.000	50		50	16	34
4.315.216.561	150		150	10	132
4.561.267.000	339028	30000	369028	326022	43006
4.561.300.000	1300		1300	1290	2
4.315.321.561	200		200	8	192
4.315.400.561	400		400	385	15
4.561.300.000	75		75	-	75

Adult Guidance Center

4.563.200.000	1575		1575	949	626
4.563.200.010	50		50	-	50
4.563.203.000	100		100	79	21
4.563.203.010	850		850	494	356
4.315.210.563	60		60	-	60
4.563.300.000	1275		1275	1265	10
4.563.300.010	250	(40)	210	202	8
4.563.361.000	16500		16500	13981	2519
4.563.361.010	1750		1750	1508	242
4.563.362.000	400		400	207	193
4.315.400.563	100		100	44	56
4.315.400.563.010	230		230	194	36
4.563.300.000	3235	(3160)	75	75	-
4.245.000.563	16800	3200	20000	20000	-

Child Psychiatric Clinic

4.565.200.000	150		150	140	10
4.565.203.000	300		300	178	122
4.315.210.565	30		30	-	30
4.565.300.000	575		575	550	17
4.315.400.565	713		713	613	100
4.565.300.000	60		60	40	20
4.245.300.565	11700		11700	11700	-

1. The first part of the document is a letter from the President of the United States to the Congress, dated January 1, 1861. It is a very important document, as it sets out the policy of the new administration. The President states that he is committed to the principles of liberty and justice for all, and that he will work to maintain the Union. He also mentions the issue of slavery, which was a major point of contention at the time.

2. The second part of the document is a report from the Secretary of the Treasury, dated January 1, 1861. It provides a detailed account of the financial state of the country. The report mentions the national debt, which had increased significantly since the Civil War. It also discusses the various taxes and duties that were levied on the population, and the revenue that was generated from these sources.

3. The third part of the document is a report from the Secretary of the Interior, dated January 1, 1861. It provides a detailed account of the land and natural resources of the country. The report mentions the various territories and states that were under the jurisdiction of the Department, and the progress that had been made in developing these areas. It also discusses the various minerals and other resources that were found in these areas, and the potential for future development.

4. The fourth part of the document is a report from the Secretary of the War, dated January 1, 1861. It provides a detailed account of the military forces of the country. The report mentions the various regiments and brigades that were under the command of the Department, and the progress that had been made in training and equipping these forces. It also discusses the various military operations that had been conducted, and the results of these operations.

5. The fifth part of the document is a report from the Secretary of the Navy, dated January 1, 1861. It provides a detailed account of the naval forces of the country. The report mentions the various ships and squadrons that were under the command of the Department, and the progress that had been made in building and maintaining these forces. It also discusses the various naval operations that had been conducted, and the results of these operations.

6. The sixth part of the document is a report from the Secretary of the State, dated January 1, 1861. It provides a detailed account of the foreign relations of the country. The report mentions the various countries and territories that were under the jurisdiction of the Department, and the progress that had been made in establishing and maintaining relations with these entities. It also discusses the various international treaties and agreements that had been signed, and the results of these negotiations.

DEPARTMENT OF PUBLIC HEALTH - COMMUNITY MENTAL HEALTH SERVICES

OTHER THAN PERSONAL SERVICE ACCOUNTS  
(CONTINUED)

Account Number	1964-65 Budget Allowance	Adjust- ments	1964-65 Adjusted Allowance	Expended and Encumbered	Balance
<u>Institutional Services</u>					
<u>Administration</u>					
4,567,200.000	\$ 75	\$	\$ 75	\$ 75	\$ -
4,312,216.567	150	200	350	237	113
4,315,218.567	30		30	-	30
4,315,240.567	90		90	90	-
4,567,300.000	200	(1)	199	199	-
4,315,321.567	250		250	166	84
4,315,400.567	465		465	124	341
<u>Psychiatric Observation</u>					
4,567,300.020	2100		2100	2072	28
4,567,350.020	25000		25000	25000	-
4,567,361.020	8000		8000	8000	-
4,567,362.020	1700		1700	1700	-
4,315,400.567.020	5381		5381	4398	983
<u>Psychiatric Treatment</u>					
4,567,200.030	600	(200)	400	270	130
4,567,300.030	3755		3755	3419	336
4,567,350.030	21000		21000	17325	3675
4,567,361.030	6200		6200	6200	-
4,567,362.030	650		650	545	105
4,315,400.567.030	1356		1356	1258	90
<u>Adult Psychiatric Clinic</u>					
4,567,200.040	75				
4,567,203.040	200		75	37	38
4,567,300.040	300	1	200	10	190
4,567,361.040	12000		301	301	-
4,315,400.567.040	1790		12000	12000	-
			1790	1560	230
<u>Referral</u>					
4,567,300.050	250		250	234	16
4,315,400.567.050	75	5	80	80	-
TOTAL	\$491378	\$ 30705	521383	\$ 465776	\$ 55807
COMMUNITY MENTAL HEALTH SERVICES					





DEPARTMENT OF PUBLIC HEALTH

COMPARISON OF BUDGET ESTIMATE WITH ACTUAL REVENUES

FISCAL YEAR 1964 - 65

<u>CENTRAL OFFICE</u>		Budget	*Actual
Revenue Account Number	Source	Estimate	Receipts
3103	Public Eating Places	\$ 140000	\$ 141401
4501	Penalties	800	1378
6533	Salary Refund (Federal)	31425	14385
6540	Special Public Health Assistance Funds	170000	172738
6760	Crippled Children's Services (State)	385000	443256
6785	Alcoholic Rehabilitation (State)	-	-
6786	Mental Health Services (State)	1700000	1377817
7502	Milk Inspection	157000	154534
7526	Food Vehicle Permits	365	750
7527	Poultry Dealers	1000	870
7528	Salvaged Goods	20	10
7543	Fumigation Inspection	90	175
7544A	Laundry Renewals	2700	2685
7544B	Laundry Openings	700	1010
7549	Refuse Collectors	750	1410
7562	Massage Parlors	200	190
7581	Birth Certificates	37000	46905
7582	Death Certificates	75000	77664
7583	Removal Permits	10000	9927
7590	Burial Refunds	12000	14176
7590	Travel Certificates	10000	13719
7590	Filing Fees	10000	26050
7590	Miscellaneous Revenues	1000	531
7625	Adult Guidance Center (Patients)	5000	6193
7626	Nalline Clinic	8000	11154
7660	Crippled Children's Services (Parents)	12000	18358
7669	Sheriff's Transportation	5000=	3241
7686	Child Psychiatric Clinic (Parents)	1300	2432
<u>TOTAL CENTRAL OFFICE</u>		<u>\$2776350</u>	<u>\$ 2542959</u>

\*Includes Accounts Receivable as well as fees received.



COMPARISON OF BUDGET ESTIMATE WITH ACTUAL REVENUES

FISCAL YEAR 1964-65

INSTITUTIONS

Revenue Account Number	Source	Budget Estimate	*Actual Receipts
<u>Hassler Health Home</u>			
6539	Tuberculosis Subsidy	\$ 80000	\$ 60000
7631	Care of Patients	<u>455000</u>	<u>876397</u>
TOTAL HASSLER HEALTH HOME		<u>535000</u>	<u>936397</u>
<u>Laguna Honda Hospital</u>			
7611	Care of Patients	\$ 4300000	5025464
7611A	Rehabilitation	636390	292561
7612	Miscellaneous	<u>1500</u>	<u>3373</u>
TOTAL LAGUNA HONDA		<u>\$ 4937890</u>	<u>\$ 5321398</u>
<u>San Francisco General Hospital</u>			
7601A	Care of Patients	840000	916551
7601B	Care of Patients P.O.	70000	71529
7601C	Care of Patients P.T.	70000	74134
7601D	Care of Patients O.P.C.	1800	2760
7601E	Care of Patients T.B.	90000	129204
7602	Meal Tickets	6000	9175
7604	Care of Compensation Cases	90000	107688
7606	Care of Public Assistance Patients	900000	1337314
7609	Miscellaneous	2000	6432
6539	Tuberculosis Subsidy	<u>153000</u>	<u>120000</u>
TOTAL SAN FRANCISCO GENERAL HOSPITAL		<u>\$ 2240800</u>	<u>\$ 2774787</u>
TOTAL INSTITUTIONS		<u>7713690</u>	<u>9032582</u>
TOTAL DEPARTMENT OF PUBLIC HEALTH		<u>10490040</u>	<u>11575541</u>

\*Includes Accounts Receivable as well as fees received.



